2276

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12245

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Mae (Last) Adams

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 8-29-20

9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Drayden, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Adams

14. MOTHER'S MAIDEN NAME: Helen Mae Adams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Rosewood record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 353.2 (a) Status Epilepticus — Interval Between Onset And Death: 15 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Mental Deficiency, etiology undetermined

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 54 to March 23, 19 54, that I last saw the deceased alive on March 22, 1954, and that death occurred at 3-23-54 9:25 a.m., from the causes and on the date stated above.

SIGNATURE Harry B. Butler (Degree or title) M.D. ADDRESS Owings Mills Md DATE SIGNED 23 March 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/25/54 NAME OF CEMETERY OR CREMATORY St. Lawrence LOCATION (City, town, or county) (State) Valley Lee, Md.

DATE REC'D BY LOCAL REGISTRAR 3-24-54 REGISTRAR'S SIGNATURE Mary B. Elvin. 24. FUNERAL DIRECTOR Jos. L. Mattingley ADDRESS Leonardtown, Md.

VS. A15

RECEIVED
MAR 26 1954
BUREAU V. S.

2277

02246

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 2 hrs. 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 313 W. 27th Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) J. (Last) ADAMS

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-24-88

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

286.6

Immediate cause (a) FATTY LIVER AND SEVERE ANEMIA DUE TO DIETARY INSUFFICIENCY — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1954, to March 1, 1954, that I last saw deceased alive on 19[illegible], and that death occurred at 11:00 Pm., from the causes and on the date stated above.

VA 8:30 PM 11:00 PM

Signature: [signature] (Degree or title) M.D.

WILLIAM B. VANDEGRIFT, M.D. ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 3-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/4/54

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3-5-54

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: William Cook Funeral Home Inc.

ADDRESS: St. Paul and Preston Streets, Baltimore, Md.

B.M.M.

2278 12247

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VVeterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Fourth Street Millers Island #19

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) W. (Last) ADAMS

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/15/05

9. AGE last birthday: 48 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping laborer

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Allentown, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Howard Adams

14. MOTHER'S MAIDEN NAME: Iva Stroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | If yes, give war or service: 8-37;4-39

16. SOCIAL SECURITY No.: 217-14-5750

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7545

Immediate cause (a) HEART FAILURE — Interval between onset and death: SUDDEN

Antecedent cause(s) Due to
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) HYPERTENSION — 16 Years
Due to
(c) COARCTATION OF AORTA — CONGENITAL

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Mar. 8, 1954, to Mar. 28, 1954, and that death occurred at 10:10 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS: DATE SIGNED

WILLIAM B. VANDEGRIFT, M. D. — VAH, FORT HOWARD, MARYLAND — 3-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3-31-1954 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-30-54 | REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: Lilly & Zeiler, Inc. Funeral Home | ADDRESS: 403 S. Wolfe Street, Baltimore, Maryland

31

2279

M

12248

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 11 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) Sheppard & Pratt Hosp.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harvey	S	Albaugh	3	21	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	white	Married	12/22/80	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm work.	Farm.	Carroll Co Md	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	212-32-1812	Mary K. Koerner 2602 Elman Ave Balto. 15. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Coronary artery occlusion — 9 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct. ..., 1953, to Mar 21, 1954, that I last saw the deceased alive on Mar. 19, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE Robert D. Lincoln M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/24/54	Dove Grave Run Cem	Baltimore Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, ADDRESS
3-24-54	Mary B. Elmo.	R B Wm R Manchester Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1954
BUREAU V. S.

2280

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2249)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 46 DUNVAGEN RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural give location): 46 DUNVAGEN RD.

3. NAME OF DECEASED: (Type or Print) (First) WINFIELD (Middle) (Last) AMEY

4. DATE OF DEATH: (Month) 3-17 (Day) (Year) 19 54

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 29, 1880

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): PATTERN MAKER

10b. KIND OF BUSINESS OR INDUSTRY: W.M.H. NOGGLE & SONS

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM AMEY

14. MOTHER'S MAIDEN NAME: MARY DIETZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: ELMER AMEY, 46 DUNVAGEN RD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

181X

Immediate cause (a) Myocardial failure — at death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of bladder

DUE TO

(c) with severe anemia

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1953 — **19b. MAJOR FINDINGS OF OPERATION:** Ca of bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19..., to 3/17, 1954, that I last saw the deceased alive on 3/17, 1954, and that death occurred at noon, from the causes and on the date stated above.

SIGNATURE (Degree or title): H Wilhere MD — ADDRESS: 3921 Edmondson Av. — DATE SIGNED: 3/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: MARCH 20/54 — NAME OF CEMETERY OR CREMATORY: MT. OLIVET — LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE REC'D BY LOCAL REGISTRAR: 3-15-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Harry R. Leitz — ADDRESS: 4101 EDMONDSON AVE.

VS. A15

2265

12250

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 625 Washington Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 625 Lansdowne Ave.

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) E. (Last) ANSTINE
4. DATE OF DEATH (Month) (Day) (Year): March 19, 1954
5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: April 14 1875 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: - Bollman | 14. MOTHER'S MAIDEN NAME: Ellen F.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. Harry Ruhl - 625 Washington Ave. Lansdowne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease — ?
(c) Arthritis — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 5 54, 19..., to Mch 19 54, 19..., that I last saw the deceased alive on Mch 17, 19 54, and that death occurred at 4 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Geo Jos Kieffer MD | 720 Washington Blvd. | 3-19 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/22/54 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem. | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: Mch 20 54 | REGISTRAR'S SIGNATURE: Geo Kieffer | 24. FUNERAL DIRECTOR: Wm. J. Vickery & Sons | ADDRESS: Balto 17, Md.

RECEIVED
MAR 23 19
BUREAU [illegible] S.

2281

12251

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville — LENGTH OF STAY (In this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 4022 Belle Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elizabeth	M.	Baer	Mar 27 1954 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	Mar 6 1887	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Practical Nurse		Washington D.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Stehley	Mary Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Rosalind A.Gumpman 6515 Loch Hill Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Angina Pectoris	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteio Sclerosis & Hypertension	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 19 52 to March, 19 54, that I last saw the deceased alive on 3/22, 19 54, and that death occurred at 4:34 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. J. Stewart MD ADDRESS 4710 Liberty Hts Balto 7 Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 30 1954	Maplewood	Durham N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-29-54	Ada Hedrick Asst	Harry T. Armacost	4204 Ridgewood Ave

2282

02252

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensbury
STREET ADDRESS (If rural, give location) 5362 Quincy Place

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) (Last) Bare

4. DATE OF DEATH (Month) March (Day) 31, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-17-1880

9. AGE last birthday: 73 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Lease

14. MOTHER'S MAIDEN NAME: Sarah Lease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Acute cardiac failure

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary thrombosis — 2/ weeks

(c) Arteriosclerotic heart disease — years

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17- ..., 19 54, to 3-21- ..., 19 54 that I last saw the deceased alive on 3-31-, 1954, and that death occurred at 10.50a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B Heymann-Green MD ADDRESS Spring Grove State Hospital, Catonsville 28, Maryland DATE SIGNED 3-31-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE 4-3-54 — NAME OF CEMETERY OR CREMATORY: MT. OLIVET — LOCATION (City, town, or county) (State): NEW CUMBERland York Co. Pa.

DATE REC'D BY LOCAL REG. 4/1/54 — REGISTRAR'S SIGNATURE T E. Harry

24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville Md.

RECEIVED
APR 5
BUREAU V. S.

228

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12253

CERTIFICATE OF DEATH

Reg. Dist. No. 3K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 812 Regester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location): 419 Dumbarton Rd. Baltimore 12

3. NAME OF DECEASED: (First) Emma Day (Middle) Barnes (Last) (Type or Print)

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 27 1857

9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Harve de Grace, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Grafton Day

14. MOTHER'S MAIDEN NAME: Sarah E. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No.

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Edith Barnes Sherman 419 Dumbarton Rd. Balto. 12

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
4.2.2.1 Immediate cause	(a)	Chronic Myocarditis	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteric Sclerosis	5 yrs
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1953, to Mch 29, 1954, that I last saw the deceased alive on Mch 29, 1954, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE E. Gill Hall MD (DEGREE OR TITLE) ADDRESS 1631 E North Ave Baltimore Md DATE SIGNED Mch 31 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: April 1, 1954

NAME OF CEMETERY OR CREMATORY: Angel Hill Cemetery

LOCATION (City, town, or county) (State): Harve de Grace, Maryland

DATE REC'D BY LOCAL REG. 3-31-54

REGISTRAR'S SIGNATURE R. Madison Mitchell

23. FUNERAL DIRECTOR: R. Madison Mitchell ADDRESS: 123 S. Washington St. Harve de Grace, Md.

Dark

2266

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02254

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale ✓
LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8101 Duvall Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural, give location) 8101 Duvall Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) EDWARD (Last) BARTOS
4. DATE OF DEATH (Month) March (Day) 24 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: Mar. 14, 1948
9. AGE last birthday: 6 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward James Bartos
14. MOTHER'S MAIDEN NAME: Dolores Kiessling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Parents, 8101 Duvall Ave., Balto. 6. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

3.52 X
Immediate cause (a) Cerebral hemorrhage — 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Previous head injury (Subdural hematoma) — 4 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 19 54 to Mar. 24 19 54 that I last saw the deceased alive on 3/24/54, 19 , and that death occurred at 7:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James R. Mahan, M.D.
ADDRESS: 8019 Phila Rd Balto 6 Md
DATE SIGNED: 3/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar. 27, 1954
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

2284

1:2255

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3638 Keswick Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) A. (Last) BAXLEY

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/26/88

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Peter Baxley

14. MOTHER'S MAIDEN NAME: Elizabeth Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 216-12-7949

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) CARCINOMA OF LEFT BRONCHUS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from Feb. 17, 1954, to Mar. 9, 1954, and that death occurred at 6:10 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: DATE SIGNED

WILLIAM B. VANDEGRIFT, M.D. VAH, FORT HOWARD, MARYLAND 3-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: March 12, 1954

NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3-11-54

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Burgee Funeral Home 3631 Falls Road, Baltimore 11, Maryland

ADDRESS: Horace F. Burgee

2285

02256

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
LENGTH OF STAY in this place: MARYLAND 1 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Railroad & Albright Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
STREET ADDRESS (If rural, give location): Railroad & Albright

3. NAME OF DECEASED (Type or Print): (First) Rachel (Middle) F. (Last) Beckwith

4. DATE OF DEATH: (Month) March (Day) 14, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 23, 1886

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Parkman, Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Edmond Bradley

14. MOTHER'S MAIDEN NAME: Kitsey Travis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mark E. Beckwith, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42201
Immediate cause (a) Pulmonary Edema — 3 hrs.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic C.V. Disease — 3 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to March 14, 1954, that I last saw the deceased alive on March 14, 1954, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 3/14/54

23. BURIAL / CREMATION / REMOVAL (Specify) | DATE: March 17/54 | NAME OF CEMETERY OR CREMATORY: Green Mount Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 3-15-54 | REGISTRAR'S SIGNATURE: Mary B. Eline | 24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
MAR
BUREAU V. S.

2285

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12257

Reg. Dist. No. 33

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.
LENGTH OF STAY (in this place): 6yrs. 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location): 1113 Argonne Drive

3. NAME OF DECEASED (Type or Print): (First) Sally (Middle) Ann (Last) Betz

4. DATE OF DEATH: (Month) Mar. (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1-8-37

9. AGE last birthday: 17 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul L. Betz

14. MOTHER'S MAIDEN NAME: Sarah Lazenby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Rosewood records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Lobar pneumonia, left — Interval between onset and death: 53 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Spastic quadriplegia with complicating epilepsy — since birth

DUE TO grand mal type

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 19 54, to Mar. 29 19 54, that I last saw the deceased alive on March 29 19 54, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Harry G. Butler, M.D. — Owings Mills, Md. — 3-29-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/30/54
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 3-29-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. J. Tuckner & Sons
ADDRESS Balto 12, Md

2287

12256

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78Y CHARING CROSS RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 78Y CHARING CROSS RD.

3. NAME OF DECEASED (Type or Print): (First) GUSTAVE (Middle) D. (Last) BEUSCH

4. DATE OF DEATH: (Month) 3-31 (Day) (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE 11, 1887

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECH. ENGINEER - RET.

10b. KIND OF BUSINESS OR INDUSTRY: SEWING MACHINE CO.

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRED. BEUSCH

14. MOTHER'S MAIDEN NAME: ELISE PAPE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: 133-26-3926 A

17. INFORMANT AND ADDRESS: Mrs. L. O. Beusch 78Y Charing Cross Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X Left sided, Cerebral Hemmorhage — Interval between onset and death: 2 days

Antecedent cause(s) (b) Essential Hypertension C.V. Disease — 12 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Mar 31, 1954, that I last saw the deceased alive on Mar 31, 1954, and that death occurred at 2.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Glen F. Coolahan M.D. ADDRESS 4201 Wilkens Ave DATE SIGNED 4/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremated | DATE 4-2-54 | NAME OF CEMETERY OR CREMATORY Gate of Heaven Cem. | LOCATION (City, town, or county) (State) Hanover Park, N. J.

DATE REC'D BY LOCAL REG. 4-1-54 | REGISTRAR'S SIGNATURE V E. Harry

24. FUNERAL DIRECTOR George S. Farley Catonsville Md. ADDRESS

02259

2288 MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3030 Taylor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3030 Taylor Av .

3. NAME OF DECEASED (Type or Print) (First) Mrs. (Middle) Mathilda (Last) Biemiller

4. DATE OF DEATH (Month) (Day) (Year) March 11th 1954

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Mar. 26, 1874

9. AGE last birthday 79 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Christian H. Kahl

14. MOTHER'S MAIDEN NAME Louise ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr. John Biemiller, 3030 Taylor Ave. #14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolism — Interval Between Onset and Death: Instant

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Decubitus Ulcer & edema Lt. leg. — 1 yr.

(c) Gen. Arteriosclerosis — P.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 20 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June ..., 1953 to 3-11 ..., 1954 that I last saw the deceased alive on 3-11 ..., 1953 and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE Robert H. Hoke (Degree or title) M.D. ADDRESS 3105 N. Charles St. DATE SIGNED 3-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 3/15/1954

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-10-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

Dr. Siver
3105 N. Charles St.

4 2289 M

112360

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 308 Birkwood Place

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) J. H. (Last) BIEN

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/14/95

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Claims Examiner

10b. KIND OF BUSINESS OR INDUSTRY: Vet. Adm.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Bien Jr.

14. MOTHER'S MAIDEN NAME: Anna Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft. Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE, LEFT, MIDDLE CEREBRAL ARTERY	RECENT
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
	(c) ARTERIOSCLEROSIS, GENERAL	UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Mar. 15, 1954, to Mar. 25, 1954, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

SIGNATURE AND TITLE OF PHYSICIAN: IRVING FREEMAN,M.D. Acting Chief, Medical Service, VAH,FORT HOWARD, MARYLAND — (Degree or title) — ADDRESS — DATE SIGNED: 3-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/29/54 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: March 27 1954 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR — ADDRESS: Vernon C. Lemmon Funeral Home, 4609 Park Heights Avenue, Baltimore, Md.

42.10

6226 I

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): William Lawrence Biery

2. DATE OF DEATH: Mar. 17, 1954

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2702 Gwynmore Ave.

c. Length of stay in Baltimore: 24 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Ba ltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2702 Gwynmore Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Mar. 1, 1905	49 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dist. Warehouse Supt
10B. KIND OF BUSINESS OR INDUSTRY: American Stores
11. BIRTHPLACE (State or foreign country): Easton, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benson B. Biery
14. MOTHER'S MAIDEN NAME: Annie Bowdle

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-07-0194
17. INFORMANT: Eunice Pope Biery, ADDRESS: 2702 Gwynmore Av

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) 1st Coronary in Jan 1953

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAL CERTIFICATION

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

22. *I hereby certify that I attended the deceased from* Jan 1953, 19__, *to* March, 1954, *that I last saw the deceased alive on* 3/16/54, 19__, *and that death occurred at* 8:40 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 5201 Gwynn Oak Ave Balto 7, Md
23C. DATE SIGNED: 3/18/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar. 20, 1954	Oxford Cemetery	Oxford, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1954
REGISTRAR'S SIGNATURE: [signature] M.D.
25. FUNERAL DIRECTOR: Ellsworth Dreaco
ADDRESS:

X 2291

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12262

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Towson 4 — LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1716 Red Oak Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
STREET ADDRESS (If rural give location) Corbett.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Billingsley

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 2. 1889

9. AGE Last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Samuel~~ Walter Billingsley

14. MOTHER'S MAIDEN NAME: Elizabeth Kaegy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Dr. William B Billingsley Monkton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
Immediate cause (a) Carcinoma of Lung & metastasis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 19 53, to Mar 6, 19 54, that I last saw the deceased alive on Mar 3, 19 54, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas L. Cleveland Jr MD — ADDRESS 6201 York Rd — DATE SIGNED 3/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE THEREOF 3-9-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Monkton, Md — (State) Monkton, Md

DATE REC'D BY LOCAL REGISTRAR 3/11/54 — REGISTRAR'S SIGNATURE A. M. Dacon

24. FUNERAL DIRECTOR J. Scott Brooks, Sparks, Md — ADDRESS

VS. A15

Dr. Chas E. Carr Jr.
6701 York Rd
Bld. 5-9333
Va 3-4105

BUREAU V. S.

2292 2292

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1:2263

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TEXAS
LENGTH OF STAY (in this place) 1yr. 5Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS BALTIMORE County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TEXAS
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) BOOKER

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: AUG. 25, 1875

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ruben Booker

14. MOTHER'S MAIDEN NAME: Alice Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Baltimore County Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arteriosclerosis, generalized DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia — 3 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1952, to May 25, 1954, that I last saw the deceased alive on March 22, 1954, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Elizabeth B. Shirill, M.d. Cockeysville, Md. 3/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 3/26/54

NAME OF CEMETERY OR CREMATORY University Med School

LOCATION (City, town, or county) (State) Balto City Md

DATE REC'D BY LOCAL REGISTRAR 3/25/54

REGISTRAR'S SIGNATURE M. J. Schilcoat

24. FUNERAL DIRECTOR Frances G. Kemsley ADDRESS 5782 Biddle St

VS. A15

RECEIVED
MAR 31 1954
BUREAU V. S.

12293

12264

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2812 Oakcrest Avenue	STREET ADDRESS (If rural, give location) 2812 Oakcrest Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mr.	Fred	H.	Borleis	March	20	54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	married	Apr. 19, 1896	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nickel Plater		Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Borleis	Mary E. Hildebrand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW1	216-07-0352	Mrs. Myrtle M. Borleis, 2812 Oakcrest Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Heart disease, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
260X (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus	Insulin

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin C. Hudson	M.D.	D.M.E. Towson Md	3/20/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 23, 1954	Baltimore National Cem.	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-22-54		Leonard J. Ruck, 5305 Harford Road 11

VS. A15A

2294

(2)

MARYLAND STATE DEPARTMENT OF HEALTH

(0226)

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1-A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 1mo. 3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1303 Sulphur Spring Road

3. NAME OF DECEASED (Type or Print): (First) Pauline (Middle) R (Last) Boss
4. DATE OF DEATH: (Month) March (Day) 19, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	1-7-1864	90 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~XXXXXXXX~~ Straehle
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Acute heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary sclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. ACCIDENT, HOMICIDE OR SUICIDE: WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident , suicide , homicide , undetermined .

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo. M. Kieffer, M.D. 1010 Leeds Avenue, Arbutus, Md. 3-19-54

FINAL DISPOSITION (Burial, Cremation, Removal, Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-22-54	Baltimore	Baltimore Co.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-22-54	[illegible]	Harry A. Kuntze	4101 Edmondson Ave

MAR
BUREAU V.

2295

0-2266

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 Park Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 206 Park Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Frederick	Boutall	3 -	17	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	June 3, 1896	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Ironworks	Penn.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred G. Boutall	Ella Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Wm. F. Boutall 206 Park Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Chronic hepatitis with cirhosis — Interval Between Onset and Death: 4½ yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 23 Nov., 1953, to 17 March, 1954, that I last saw the deceased alive on 16 March, 1954, and that death occurred at 4 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Leahy Jr.	M.D.	1118 St Paul St. Balto 2, Md	3-18-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-19-54	Loudon Park	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-19-54	C. E. Harris	George A. Farley	Catonsville, Md.

2296

1:2267

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 717 I- Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural give location) 717 I- Street

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Bracy (Last)

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 19 54

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 3-5-64 | 9. AGE last birthday 90 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing Work | 10b. KIND OF BUSINESS OR INDUSTRY Langold Plumbers | 11. BIRTHPLACE (State or foreign country) Mecklinburgh Co., Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Bracy | 14. MOTHER'S MAIDEN NAME Adeline Bracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Lena Robinson, 717 I. St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Thrombosis	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic Heart Disease	3 yrs.
(c)	Generalized Arteriosclerosis	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to March 12, 1954, that I last saw the deceased alive on January 12, 1954, and that death occurred at 10:05 A m., from the causes and on the date stated above.

SIGNATURE James T. Means | (Degree or title) M.D. | ADDRESS 520 Dell. Sp-Pt Md | DATE SIGNED 3/12/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3-15-54 | NAME OF CEMETERY OR CREMATORY Seat Pleasant Baptist | LOCATION (City, town, or county) Smithfield, Va. (State)

DATE REC'D BY LOCAL REG. March 13. 1954 | REGISTRAR'S SIGNATURE R.H. | 24. FUNERAL DIRECTOR Charles R. Law | ADDRESS 802 Madison Ave.

2297

02268

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. ... .

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE MANOR | LENGTH OF STAY (in this place) 30yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5940 CECIL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE MANOR
STREET ADDRESS (If rural, give location) 5940 CECIL AVE

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) C. (Last) BROOKS

4. DATE OF DEATH: (Month) MARCH (Day) 19 (Year) 1957

5. SEX: FEMALE | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: FEB 17-1876 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months. | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): VIRGINIA | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: DOUNCE HARPER

14. MOTHER'S MAIDEN NAME: AMANDA BIRCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: PRISCILLA CRUMBACKER 5940 CECIL AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) CEREBRAL HEMORRHAGE

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE ARTERIOSCLEROTIC

(c) CARDIO-VASCULAR DISEASE

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1 ..., 1956, to 3/19 ..., 1957, that I last saw the deceased alive on 3/19 ..., 1957, and that death occurred at 8:15 P ...m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] [illegible] 724 Charing Cross Rd. Balto 29, Md

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE 3/22/1957 | NAME OF CEMETERY OR CREMATORY: GRANITE [illegible] | LOCATION (City, town, or county) (State): GRANITE Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE

a. FUNERAL DIRECTOR: Poff & B. M. Walters ADDRESS: PRATT & STRICKER STS BALTIMD

2267

(2269)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1112 Eutaw Place Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 1112 Eutaw Place Rd

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane (Last) Veronica

4. DATE OF DEATH: (Month) Dec (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-7-1884

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles H. Wadley

14. MOTHER'S MAIDEN NAME: Mary [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Acute [illegible] a few days — a few days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): [illegible] — during

(c): Arterial Hypertension — 2 [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1954 to Dec 18 1954, that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 9:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 56 [illegible] 12/19/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-21-54 — NAME OF CEMETERY OR CREMATORY: Catonsville Memorial Park — LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG.: 3-19-54 — REGISTRAR'S SIGNATURE: M.L. — 24. FUNERAL DIRECTOR: Mortimer A. Hemsley Biddle St. — ADDRESS

2298

02270

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY Baltimore (ESSEX) MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: ESSEX, MD. 21
   LENGTH OF STAY (in this place): 4 5 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Baltimore COUNTY Essex
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Essex, MD. 21
   STREET ADDRESS (If rural give location): 383 Thompson Blvd.

3. NAME OF DECEASED: (First) Anna (Middle) (Last) Buchholz

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 21 - 1893

9. AGE Last birthday: 60 yrs. IF UNDER 1 YEAR: Months 6 Days 14 IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: — ? TREFF

14. MOTHER'S MAIDEN NAME: — ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Max Buchholz - 383 Thompson Blvd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death:

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Metastatic Carcinoma Stomach — 4 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4 years ago

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 1952, to March 5, 1954, that I last saw the deceased alive on March 5, 1954, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William A. Rectgus M.D. ADDRESS 815 Eastern Ave. DATE SIGNED 3/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/8/54 NAME OF CEMETERY OR CREMATORY Oak Lawn LOCATION (City, town, or county) (State) Eastern Ave. Balto Md.

DATE REC'D BY LOCAL REGISTRAR 3-8-54 REGISTRAR'S SIGNATURE John Roberts

24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex

Done

VS. A15

Item 10 a, 3: film G162 3-19-54 L

12271

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 40

I. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Hall
LENGTH OF STAY (in this place) 51X yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7600 Block Belair Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fullerton / Perry Hall.
STREET ADDRESS (If rural, give location) 9419 Belair Rd

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Burton	Lester	Butler R.I	Mar	4	1954

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan 10 1906	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter & interior decorator
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): TEXAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rayburn Butler
14. MOTHER'S MAIDEN NAME: Cora Burroser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO.: 525-12-0091
17. INFORMANT & ADDRESS: Mrs Burton L. Butler - 9419 Belair Rd. Fullerton MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	minutes.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.. INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 3 54 9 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W McCormick M D
~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ M. D.
DATE SIGNED ☑

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/8/54	Balto. National Cem.	Balto.	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/54	Don Hammett	Lazzahn Funeral Home	7401 Belair Rd. Balto. 6. MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAR 9 1954
BUREAU V. S.

23110 Film#G164 Item# 12 4/13/54 emf # 3 C.174. COURT ORDER 12-6 54 JS 12272

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 520 EASTERN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 520 EASTERN AVE

3. NAME OF DECEASED (Type or Print): (First) PAUL (Middle) (ALIAS: BAUDO MUCI) (Last) CALLOVITTO

4. DATE OF DEATH: (Month) MARCH (Day) 28 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: MAR 15, 1884

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRACK MAN

10b. KIND OF BUSINESS OR INDUSTRY: B & O. R.R. CO

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DONT KNOW

14. MOTHER'S MAIDEN NAME: DONT KNOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 705-09-0083

17. INFORMANT AND ADDRESS: FRANK PARISINO 203 BALTIMORE AV 22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OR office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

[signature] MD Dept Health Baltimore Md 3/29/54

BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: MAR 31, 1954 — NAME OF CEMETERY OR CREMATORY: OAK LAWN — LOCATION (City, town, or county) (State): COLGATE MD

DATE REC'D BY LOCAL REG. 4/1/54 — REGISTRAR'S SIGNATURE: Edith Hurley — 24. FUNERAL DIRECTOR: ULRICH FUNERAL HOME — ADDRESS: 2112 DUNDALK

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
U. S.

22/62
2262

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1:2273

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3401 LOUTH ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY BALTO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAME; STREET ADDRESS (If rural, give location) SAME

3. NAME OF DECEASED (Type or Print): (First) SALINA (Middle) HALL (Last) CAMPBELL

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 1954

5. SEX: FEM.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 11 AUG, 1876

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOOD SERVERS

10b. KIND OF BUSINESS OR INDUSTRY: RESTURANT

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: CHAS. HALL

14. MOTHER'S MAIDEN NAME: HENRETTA W. MALLON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 215-22-4264

17. INFORMANT AND ADDRESS: REGAN CAMPBELL FORGE ACRES FULLERTON, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 8 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension arteriosclerosis — 8 years

(c) Cardio-vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1954 to Mar. 31 1954, that I last saw the deceased alive on Feb 2, 1954, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: Eugene F Neary (Degree or title) MD ADDRESS: 7001 Mornington Rd. Dundalk Md. DATE SIGNED

23. BURIAL / CREMATION / REMOVAL (Specify): BURIAL

DATE: 4-2-54

NAME OF CEMETERY OR CREMATORY: OAK LAWN

LOCATION (City, town, or county) (State): BALTO. CO., Md.

DATE REC'D BY LOCAL REG.: April 1-1954

REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR: Walter Brooke Bradley ADDRESS: Kenwood, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 19[illegible]
BUREAU V. S.

2301

12274

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 20

1. PLACE OF DEATH: Hood Nursing Home
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) Inm
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edmondson and Hood Bend Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3631 Gelston Drive

3. NAME OF DECEASED: (First) Mary (Middle) - (Last) Carle
4. DATE OF DEATH (Month) Mch (Day) 26 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Single	3-16-1866	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Balto Md	USA

13. FATHER'S NAME: John H Carle
14. MOTHER'S MAIDEN NAME: Elmira Brannan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Miss Ann Barlage

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute Cardiac Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardio Vascular disease	
904.0	DUE TO (c)	Senility	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fracture of femur Oct 20, 53

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Jer M. Lieffer dep M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-26-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-29-54	Cathedral	Old Frederick Rd

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-29-54	J. H. Hackett	John J Fahey Sons	1318 Light St

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

2302

12275

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govgate — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 702 Cathedral St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govgate
STREET ADDRESS (If rural, give location) 702 Cathedral St.

3. NAME OF DECEASED (Type or Print): (First) Mary. (Middle) E. (Last) Larson
4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1954

5. SEX: Fmale — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow — 8. DATE OF BIRTH: 7/19/874 — 9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Retired — 11. BIRTHPLACE (State or foreign country): Balto Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levy F. Larson Sr. — 14. MOTHER'S MAIDEN NAME: Minnika Tarr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Levy Larson 702 Cathedral St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio Vascular

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. -, 1953, to March 4, 1954, that I last saw the deceased alive on March 8, 1954, and that death occurred at 4 m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) — ADDRESS — DATE SIGNED
[illegible] M.D. — Glendale Md. — 3/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/12/54 — NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery — LOCATION (City, town, or county) (State) Govgate Md.

DATE REC'D BY LOCAL REG. 3/11/54 — REGISTRAR'S SIGNATURE Edith Hurley — 24. FUNERAL DIRECTOR — ADDRESS [illegible]

RECEIVED
MAR 15 1954
BUREAU V. S.

12276

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3327 E. Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 34 (Carney)
STREET ADDRESS (If rural, give location) 3327 E. Joppa Rd.

3. NAME OF DECEASED: (Type or Print) (First) DONAL (Middle) LEE (Last) CHAPMAN, JR.

4. DATE OF DEATH (Month) March (Day) 16 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 17, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 mo. Days; IF UNDER 24 HRS. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): 3327 E. Joppa Rd.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Donald Lee Chapman Sr

14. MOTHER'S MAIDEN NAME: Barbara Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: — — —

17. INFORMANT & ADDRESS: Family

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

49.X

Immediate cause (a) Bronchopneumonia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Wm. Howard M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 3/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 3/18/54 NAME OF CEMETERY OR CREMATORY Moreland Memorial LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 3-17-54 REGISTRAR'S SIGNATURE C W Redmond

24. FUNERAL DIRECTOR Kassabian Funeral Home ADDRESS 7401 Belair Rd Balto 6

2024/91365 JST

2304 (M)

Carroll.

02277

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
MARYLAND
LENGTH OF STAY (in this place) 73
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.
STREET ADDRESS (If rural, give location) Rosewood Lane

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Alfred (Last) Chenoweth

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 29, 1880

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer at Rosewood State School

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H. Chenoweth

14. MOTHER'S MAIDEN NAME: Annie Whitcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT, AND ADDRESS: Alice Roberta Chenoweth, Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Hemorrhage.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive arterio Sclerotic C-V. Disease 1 yr.

(c)

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none.

19b. MAJOR FINDINGS OF OPERATION: none.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from 2-23-37, 19..., to 3-12, 1954, that I last saw the deceased alive on 3-12, 1954, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D. D. Caples M.D. Reisterstown, Md. 3-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: March 16/54
NAME OF CEMETERY OR CREMATORY: Reisterstown Methodist
LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG. 3-15-54
REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: J.F.Eline & Sons, Reisterstown, Md.

(I)

MAR
BUREAU V. S.

2305

02278

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY: 3 V 1-4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 4011 Fairview Avenue #16

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) F. (Last) CHERICO

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/30/96

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inventory Work

10b. KIND OF BUSINESS OR INDUSTRY: Automobile Co.

11. BIRTHPLACE (State or foreign country): Hazelton, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) CEREBRAL HEMORRHAGE, LEFT — 3 Wks.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Mar. 4, 1954, to March 21, 1954, that ~~I viewed the body on~~ ~~19~~ and that death occurred at 4:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): IRVING FREEMAN, M.D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 3-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-25-54 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/22/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Road, Baltimore 14, Md.

2306

12279

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1231 N. Bond Street

3. NAME OF DECEASED (Type or Print): (First) GARRIS (Middle) L (Last) CLARK

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-14-22

9. AGE last birthday: 31 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grinder

10b. KIND OF BUSINESS OR INDUSTRY: Steel Corp.

11. BIRTHPLACE (State or foreign country): Greenville, North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: York Samuel

14. MOTHER'S MAIDEN NAME: Clara Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 214-18-5026

17. INFORMANT AND ADDRESS: Clin. Rec. Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X

Immediate cause (a) HODGKIN'S DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Feb. 24., 19 54, to March 26., 19 54., that ~~I last saw the deceased on~~ and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): WILLIAM B. VANDEGRIFT, M.D. ADDRESS: VAH FT HOWARD, MARYLAND DATE SIGNED: 3/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3-30-1954
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3-29-54
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Arlington S. Phillips Funeral Home
ADDRESS: 1808 N.Monroe St. Balto. 17, Md

3307

MARYLAND STATE DEPARTMENT OF HEALTH

02280

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please use the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklawn Md
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklawn Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) C. (Last) Corbin

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1954

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Dec 2-1900 | 9. AGE last birthday: 53 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: House Wife | 11. BIRTHPLACE (State or foreign country): Havana Cuba | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Moss | 14. MOTHER'S MAIDEN NAME: Maime P. Schaefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: George E. Corbin Brooklawn Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
197x Immediate cause	(a) Hemorrhage from Ruptured Esoph	20 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Varicosis of Esophagus	2 yrs
	(c) Cirrhosis of Liver	10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. and Hernia

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12/47 19 54, to 3/7 19 54, that I last saw the deceased alive on 3/7 19 54, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold F. Gibson | ADDRESS Middle River Md | DATE SIGNED 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF March 9-54 | NAME OF CEMETERY OR CREMATORY Salem M.E. Cem | LOCATION (City, town, or county) Upper Fairmount | (State) Md

DATE REC'D BY LOCAL REG. Mar. 9-1954 | REGISTRAR'S SIGNATURE G. E. Cuthbert Jr | 24. FUNERAL DIRECTOR G. E. Cuthbert | ADDRESS York Rd.

RECEIVED
BUREAU V. S.

2308

02281

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
MARYLAND
LENGTH OF STAY (in this place) 6 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14
STREET ADDRESS (If rural, give location) 3033 Pully Hill Av.

3. NAME OF DECEASED (Type or Print) (First) Nicie (Middle) Fisher (Last) Corbin

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1954

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 5 1880

9. AGE last birthday 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse surge

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John T. Bale

14. MOTHER'S MAIDEN NAME Mary Hoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. unk.

17. INFORMANT AND ADDRESS Mr Pierce Corbin husband 3033 Pully Hill Av. Balt. 14 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cardiac failure — Interval Between Onset and Death: 5+ da.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic heart disease — yrs -

(c) Generalized arteriosclerosis — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1954, to May 27 1954 that I last saw the deceased alive on May 27, 1954, and that death occurred at 10 50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B Heimann-Greene M.D. ADDRESS Spring Grove State Hosp Catonsville 28 Md DATE SIGNED 3/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3/30 54 | NAME OF CEMETERY OR CREMATORY Woodlawn Cem | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 3-29-54 | REGISTRAR'S SIGNATURE R.W. Hedrick Deputy

24. FUNERAL DIRECTOR Lasahn Funeral Home ADDRESS 7401 Belair Rd

23[illegible] Item 18 Film G162 3-23-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH

62282

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; MARYLAND; LENGTH OF STAY (in this place) 1yr.10mo.23days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Ann Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena; STREET ADDRESS (If rural, give location) Magathoy Beach ✓

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) (Last) Cunningham

4. DATE OF DEATH: (Month) March (Day) 3, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-30-87

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Candymaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Cunningham

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic PENDING Infarction myocarditis

(c) General & Coronary arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) Ter. J. McKiernan M.D. Eastern Baltimore — ADDRESS 1010 Leeds Avenue, Arbutus, Md. — DATE SIGNED 3-3-54

DISPOSITION (Burial, Cremation, Removal (Specify)) Burial | DATE THEREOF 3/6/54 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) Balto., Md. (State)

DATE RECD BY LOCAL REG. 2-4-54 | REGISTRAR'S SIGNATURE [illegible] | 21. FUNERAL DIRECTOR Wm. J. Richter & Sons — ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING — EASY WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Type is correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

2310

12283

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 24 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; STREET ADDRESS (If rural, give location) Gerst Avenue

3. NAME OF DECEASED (Type or Print): (First) Clara; (Middle) Bell; (Last) Dashner

4. DATE OF DEATH: (Month) 3; (Day) 8; (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 21, 1891

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~Unknown~~ John Burton

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Rachel Ensor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of):

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Record-Spring Grove State Hospital Catonsville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 3 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12 ., 19 54, to 3-8 ., 19 54, that I last saw the deceased alive on 3-8, 19 54, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Hussmann-Grew M.D. ADDRESS Spring Grove State Hospital Catonsville, Md DATE SIGNED 3-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: March 11/54

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 3-10-54

REGISTRAR'S SIGNATURE: C W Redmond

FUNERAL DIRECTOR: Philip Lewis Sons

ADDRESS: 2024 Orleans St. 31

2311

1-2284

MARYLAND — STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 5a

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall | LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2 - Box 185

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
STREET ADDRESS (If rural, give location) Route 2 - Box 185

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) (Last) Davis

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 3-4-1893 | 9. AGE last birthday: 61 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Feeler | 10b. KIND OF BUSINESS OR INDUSTRY: Packing House

11. BIRTHPLACE (State or foreign country): Chase, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Quickley

14. MOTHER'S MAIDEN NAME: Mary Liza Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 216-18-6536

17. INFORMANT AND ADDRESS: Elizabeth Lockett 1635 Ellsworth St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1998

Immediate cause (a) Generalized Debility & cachexia — Interval Between Onset and Death: 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Metastases, Generalized — 1 year

(c) Carcinoma of Vagina, Pelvis, & Abdomen — 3-4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 53, to March, 19 54, that I last saw the deceased alive on Feb 27, 19 54, and that death occurred at 10:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. James Thomson, Jr. M.D. | ADDRESS Jarrettsville, Md. | DATE SIGNED 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3-12-1954 | NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3-11-54 | REGISTRAR'S SIGNATURE W W Hedrick | 24. FUNERAL DIRECTOR Randolph J. Tallick | ADDRESS 412 E. Preston St.

It-m 2 film G 162 3/23/64 cm

23 2

02286

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, Balto. Co. 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3476 Rh. I

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Essex, 21 Md.
STREET ADDRESS (If rural, give location) Corner Turkey Point Rd.

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Clinton (Last) Decker
4. DATE OF DEATH (Month) Mar (Day) 8 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 3/25
9. AGE last birthday: 28 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Frederick L Decker
14. MOTHER'S MAIDEN NAME: Martha H. Buffington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-26-9131
17. INFORMANT & ADDRESS: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Rheumatic Fever — 12 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. M. Clarmont M. D. M. D.
~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.
DATE SIGNED 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3-11/54
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Balto Co Md

DATE REC'D BY LOCAL REG. 3-9-54
REGISTRAR'S SIGNATURE W W Frederick
24. FUNERAL DIRECTOR Wm Bufe Jenkins
ADDRESS 1407 Eastern Ave

55.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 5

2313 SURNAME: FILM G 161 3-16-54 LL
Film#G164 Item# 14
4/20/54 emf

12287

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2808 Leistertown Rd

3. NAME OF DECEASED (Type or Print): (First) LEON (Middle) DITTELBACH (Last) PIETTELBAUM
4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	married		65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Elias
14. MOTHER'S MAIDEN NAME Henrietta Weinberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS D[illegible]ELBACH Estelle Dittelbaum - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis - hypertension → hemiplegia — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous coronary thrombosis several years ago

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 19..... to 3/6 19.54, that I last saw the deceased alive on 4/6 19.54, and that death occurred at 330P m., from the causes and on the date stated above.

SIGNATURE J. Fielek Leitz (Degree or title) ADDRESS Temple Garden apt DATE SIGNED 3/8/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-11-54	Baltimore Hebrew	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-10-54	[signature]	Jack Lewis Inc	2100 Eutaw Pl

154

2314

12288

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Med Pimonium
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Post Spring Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Med Pimonium
STREET ADDRESS (If rural, give location) Pot spring Rd.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) K. (Last) Vries

4. DATE OF DEATH: (Month) May (Day) 15th (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 11/7/1853

9. AGE last birthday: 70 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Carroll Co, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Foster

14. MOTHER'S MAIDEN NAME: Harkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Donald K. DeVries Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) 44.3X DUE TO Hypertensive Decomp. Cardio Vascular Disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1947, to March 15, 1954, that I last saw the deceased alive on March 15, 1954, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE Lawrence C. Post (DEGREE OR TITLE) M.D. ADDRESS 6805 York Rd. Baltimore 12 DATE SIGNED 3/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3/17/54 | NAME OF CEMETERY OR CREMATORY Freedom | LOCATION (City, town, or county) Sykesville Md. (State)

DATE REC'D BY LOCAL REG. 3-20-54 | REGISTRAR'S SIGNATURE J.W. Hedrick Dmz

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul st.

2315

02289

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3412 Pinkney Road

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) (Last) Dobbins
4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1887, 3/13
9. AGE last birthday: 67 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.0
Immediate cause (a)..... Acute cardiac failure

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)..... Arteriosclerotic heart disease
(c)..... Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis and cholelithiasis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1947, to 3/18, 1954, that I last saw the deceased alive on 3/18, 1954, and that death occurred at 4.20 P.M., from the causes and on the date stated above.

SIGNATURE Stella Wachsler (Degree or title) M.D ADDRESS Spring Grove St. Hospital DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: MARCH 20/54 | NAME OF CEMETERY OR CREMATORY: LOUDON PARK | LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Harry A. Wirtz | ADDRESS: 1101 EDMONDSON AVE

12316

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02290

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Pikesville
LENGTH OF STAY (in this place) 8 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Hghts.
STREET ADDRESS (If rural give location) 435 Hawthorne Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) Richard (Last) DOVE

4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12/11/1864

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: for SELF

11. BIRTHPLACE (State or foreign country): ANNE ARUNDEL Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DOVE

14. MOTHER'S MAIDEN NAME: ELIZA DOVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT'S ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary infarction, Embolism — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Heart failure (Myocarditis) — 1 year

DUE TO

(c) Generalized Arterio-sclerosis — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1953, to March, 1954, that I last saw the deceased alive on 3/20, 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE Louis Dalman (Degree or title) ADDRESS 1413 Reisterstown Rd. Pikesville DATE SIGNED 3/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/23/54 — NAME OF CEMETERY OR CREMATORY Glen Haven — LOCATION (City, town, or county) Ritchie Hghy. Balto. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-23-54 — REGISTRAR'S SIGNATURE Mary B. Elvin

24. FUNERAL DIRECTOR Frank H. Mund — ADDRESS Pikesville Md

VS. A15

RECEIVED
MAR 23 1954
BUREAU V. S.

12291

2317 M MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 127

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Howard; LENGTH OF STAY (In this place) 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3401-4; STREET ADDRESS (If rural, give location) 1919 Guilford Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CAGER	F.	DOWIS	March	9	54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	1/18/79	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Railroad	Lexington, Kentucky	U. S. A.

13. FATHER'S NAME: Parks Dowis

14. MOTHER'S MAIDEN NAME: Liza Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes	SAW	Unknown	Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1637

Immediate cause (a) CARCINOMA OF LEFT LUNG — Interval Between Onset and Death: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb. 23, 1954, to Mar. 9, 1954, and that death occurred at 7:10 A. m., from the causes and on the date stated above.

VA

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
WILLIAM B. VANDEGRIFT, M. D.	VAH, FORT HOWARD, MARYLAND	3-9-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-11-54	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-11-54	[illegible]	Howard Blight Funeral Home, 6009 Harford Rd., Baltimore, Maryland

155

MARGIN RESERVED FOR BINDING

12292

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. V 3

1. PLACE OF DEATH
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublerton
LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4240 Chapel Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublerton
STREET ADDRESS (If rural, give location) 4240 Chapel Rd

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) C (Last) Downing

4. DATE OF DEATH (Month) March (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan 9 1888

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Greenhouse Builder

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): New Hampshire

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Nettie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Ernest Downing 4240 Chapel Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval between onset and death: 8 Mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20, 1953, to 3/30, 1954, that I last saw the deceased alive on 3/29, 1954, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clifford F. Hudson, M.D. Forks, Md. 4/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/2/54

NAME OF CEMETERY OR CREMATORY: Camp Chapel Meth

LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG.: 4-5-54

REGISTRAR'S SIGNATURE: D W Hedrick

24. FUNERAL DIRECTOR / ADDRESS: Lassahn Funeral Home 7401 Belair Rd

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Film#G162 Item# 12 3/17/54 mmf

12293

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Middle River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingston Park
STREET ADDRESS # 90 (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) DUGGAN

4. DATE OF DEATH: (Month) MAR. (Day) 4 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 24-1901	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Soldier U.S.A.	England	England

13. FATHER'S NAME: James Pat. Duggan
14. MOTHER'S MAIDEN NAME: Mary Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
Yes W. I - II	218-28-8436	Mrs. Edna Duggan (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
151X Immediate cause	(a) Peritoneal adhesions & obstruction	Years
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fractures	Years
DUE TO		
	(c) Ca. rectum & Stomach	Yrs. ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
7-31-53	Ca. of Stomach	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4, 19 54, to 3-3, 19 54, that I last saw the deceased alive on 3-3, 19 54, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Maxwell Mund	M.D	4711 Eastern Ave Balto 24 Md	3-4-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 6-1954	London Park	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-5-54	H. P. Hedrick	John G. Connelly	418 Eastern Ave Balto 21 Md.

2268

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2294

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Arbutus
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1245 Greystone Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus 51
STREET ADDRESS (If rural give location) 1245 Greystone Road

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) Aloysius (Last) DUMLER

4. DATE OF DEATH: (Month) March (Day) 4, (Year) 19 54.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 18, 1897.

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Automobiles

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph L. Dumler

14. MOTHER'S MAIDEN NAME: Sophia Rosemer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY No.: 213-12-2728

17. INFORMANT & ADDRESS: Catherine M. Dumler 1245 Greystone Rd. Arbutus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Cardio-Respiratory Failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Thrombosis DUE TO

(c) Myocardial Infarction

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Arterial Vascular Disease

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 March 1954, to 4 March 1954 that I last saw the deceased alive on 4 March 1954, and that death occurred at 9:30 PM, from the causes and on the date stated above.

SIGNATURE J. Bryan M.D. (Degree or title) ADDRESS 405 Edmondson Ave. DATE SIGNED Mch 6 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/8/54.

NAME OF CEMETERY OR CREMATORY Balto. National Cemetery

LOCATION (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mch 6 54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Easton Bond, ADDRESS Catonsville 28, Md.

RECEIVED
MAR
BUREAU V. S.

0282

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0295

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place) 7 yrs, 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 3606 Hilladale Rd.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) William (Last) Edes Jr.

4. DATE OF DEATH: (Month) (Day) (Year) March 19 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: Feb. 26 1879

9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bleaching

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Edesville Md. (Kent Co)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas H. Edes

14. MOTHER'S MAIDEN NAME: Sarah E. Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-6321

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Cardiac Decompensation	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic Cardiovascular disease	2 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul ....., 19 49, to Mar 19, 1954, that I last saw the deceased alive on Mar 19, 1954, and that death occurred at 12 P.M., from the causes and on the date stated above.

SIGNATURE Walter T. Kuss (DEGREE OR TITLE) M D ADDRESS Cockeysville, Md. DATE SIGNED Mar. 19/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF 23rd - Mar 22/54 NAME OF CEMETERY OR CREMATORY Woodlawn LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 4/22/54 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm. Cook, St. Paul & Preston St ADDRESS

VS. A15 8

RECEIVED
MAR
BUREAU V. S

02296

2321

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1804 Ellinwood Rd (6)

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) J. (Last) FALESKY
4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8/2/95
9. AGE last birthday: 58 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Mt. Carmel, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Falesky
14. MOTHER'S MAIDEN NAME: Lena Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 185-10-5389
17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp. Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 443X (a) CEREBRAL VASCULAR ACCIDENT — 6 DAYS

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from March 4 ., 1954., to March 10., 19.54, ~~that I last saw the deceased on~~ that death occurred at 2:13 Pm., from the causes and on the date stated above.

SIGNATURE F Dickey (Degree or title) ADDRESS DATE SIGNED
FRANCIS O.DICKEY, M.D., Chief, Medical Service VAH, Ft Howard Maryland 3/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3-13-54
NAME OF CEMETERY OR CREMATORY: Mt. Carmel
LOCATION (City, town, or county) (State): Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: March 12-54
REGISTRAR'S SIGNATURE: Dawson L. Harbin
24. FUNERAL DIRECTOR: Bradley Funeral Home
ADDRESS: Dundalk, Maryland

RECEIVED
MAR 15 1954
BUREAU V. S.

Item 22 Film G 162 3/18/54 cm

02297

2322

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2 C

M

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 32 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) Box 296 Solly Road

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) (NMI) (Last) FLOWERS

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 7/16/91

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Flowers

14. MOTHER'S MAIDEN NAME: Ida Quitebaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 217 07 9610

17. INFORMANT AND ADDRESS: Clin Rec.Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 023X Syphilis of aorta with aorta insufficiency

Antecedent cause(s) duration unknown.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb 10, 1954, to Mar 14, 1954, and that death occurred at 3:50 A m., from the causes and on the date stated above.

SIGNATURE: WILLIAM B VANDE GRIFT, M.D. (Degree or title) ADDRESS: VAH, Fort Howard, Md. DATE SIGNED: 3/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/17/54 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-16-54 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Elroy Wilson Funeral Home ADDRESS: 2004 Orleans St. Baltimore, Maryland

MP 323

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02298

Reg. Dist. No. 6 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Essex R.1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 519 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex
STREET ADDRESS (If rural give location) 519 Maryland Ave.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) Regina (Last) Foster

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Apr. 26-1933

9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): at Home

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel C. Foster

14. MOTHER'S MAIDEN NAME: Anna E Reynolds

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Jean Foster (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 754.4 (a) Coronary Occlusion — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congenital Heart — Birth

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to March 25, 1954, that I last saw the deceased alive on March 25, 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE J. M. Baumgardner (Degree or title) M.D ADDRESS Balto 6 Md DATE SIGNED 3/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-29-54 NAME OF CEMETERY OR CREMATORY Sacred Heart Cem. LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John J Connelly ADDRESS 418 Eastern Ave. Balto 21 Md.

VS. A15

02299

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PRINT ONLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home 315 Inglewood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS 3903 Queensbury Rd (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) Franklin (Last)
4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	June 19 1888	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Guard
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Franklin
14. MOTHER'S MAIDEN NAME: Margaretta Grin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Audrey L. Franklin 3903 Queensbury Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443 X Immediate cause	(a) Acute Cardiac Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardiovascular	
	(c) disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes or accident , suicide , homicide , undetermined .*

SIGNATURE: Dr. Wm. Kieffer MD — ADDRESS: Licensed Physician 1010 Leech ave Balto — DATE SIGNED: Mar 3 54

BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 6 54	Ger Washington Mem	Hyattsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-5-54	C. E. Harris	James J. Collins	3837 14th St. NW Wash DC

VS A15A

2325

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02390

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson 4
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8511 Willow Oak Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson 4
STREET ADDRESS (If rural give location): 8511 Willow Oak Road

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) LEWIS (Last) GAINES

4. DATE OF DEATH: (Month) March (Day) 14, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 10, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: General Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Waller Lewis Gaines

14. MOTHER'S MAIDEN NAME: Louise Gaines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Ida L. Gaines, 8511 Willow Oak Road Towson 4, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause — (a) ~~DUE TO~~ Irreversable Emphysema — 3-5 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) ~~DUE TO~~ with Myocardial degeneration — 2 yr.

(c) & Chronic Bronchiectasis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked Arteriosclerosis, premature

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to Mar, 1954, that I last saw the deceased alive on 3/13, 1954, and that death occurred at 5:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank T. Kasik, M.D. — ADDRESS: 9005 Harford Rd — DATE SIGNED: 3/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar. 16, 1954 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park — LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/16/54 — REGISTRAR'S SIGNATURE: A.W. Hedrick Jr.

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

VS. A15

2326

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12301

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 38 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 303 Church Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 303 Church Lane

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) O. (Last) Garrish

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/16/1872

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore / Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Dallas Shipley

14. MOTHER'S MAIDEN NAME: Cecilia Gorsuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Jesse Edward Garrish - Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
332X Immediate cause	(a) Cerebral Thrombosis	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Art. Sclerosis	5 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12th, 1953, to Mar. 19th, 1954, that I last saw the deceased alive on Mar. 19th, 1954 and that death occurred at 12:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Miller M.D. — ADDRESS Pikesville - Md — DATE SIGNED 3/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 3/22/54 — **NAME OF CEMETERY OR CREMATORY** Druid Ridge — **LOCATION** (City, town, or county) Pikesville — (State) Md

DATE RECD BY LOCAL REGISTRAR 3-22-54 — **REGISTRAR'S SIGNATURE** Mary B. Cline.

24. FUNERAL DIRECTOR Frank A. Purdum — **ADDRESS** Pikesville, Md

VS. A15

RECEIVED
MAR 3[illegible] 1954
BUREAU V. S.

2327

123102

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westchester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Westchester Ave.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Beck (Last) Goldsmith

4. DATE OF DEATH: (Month) March (Day) 21, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 3, 1885

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Beck

14. MOTHER'S MAIDEN NAME: Belle Tasee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Charles L. Goldsmith Ellicott City Westchester Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	30 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arterio Sclerosis	10 yrs
	DUE TO (c) Chronic Nephritis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19.54., to March 21, 19.54., that I last saw the deceased alive on March 20, 19.54., and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE: Jos. O. Kaltenbach, M.D. (DEGREE OR TITLE) ADDRESS: 1037 N. Calvert St. DATE SIGNED: 3-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/24/54

NAME OF CEMETERY OR CREMATORY: Pleasant Hill

LOCATION (City, town, or county) (State): Owings Mills, Md.

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John O. Mitchell & Sons ADDRESS: 1900 Eutaw Place

VS. A15

2328

12303

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Westminster Road

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) VanSant (Last) Hammond

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 16, 1869

9. AGE last birthday: 84 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George VanSant

14. MOTHER'S MAIDEN NAME: Margaret Ann Schuley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Malvern. Hammond, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X

Immediate cause (a) Pneumonia - lobar — Interval between onset and death: 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) myocarditis - chronic — years

(c) decompensating arteriosclerosis & hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-[illegible], 19[illegible], to 3-26-54, 19, that I last saw the deceased alive on 3-26-54, 19, and that death occurred at 9:40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Duffell M.D. ADDRESS Reisterstown Md. DATE SIGNED 3-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 29/54 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 3-27-54 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
MAR 2 1954

2329

02304

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard.; MARYLAND LENGTH OF STAY (in this place) 39 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 803 Leadenhall Street

3. NAME OF DECEASED (Type or Print): (First) ROY (Middle) T. (Last) HARDY

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-11-12

9. AGE last birthday: 41 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Hardy

14. MOTHER'S MAIDEN NAME: Darden Truemella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

237X

Immediate cause (a)..... BRAIN TUMOR — Interval Between Onset and Death: 2-1/2 MO.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).... (c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-17-54

19b. MAJOR FINDINGS OF OPERATION: Removal of Brain Tumor

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1954, to March 18, 19.54., ~~that I last saw the deceased~~ and that death occurred at 8:09 a.m., from the causes and on the date stated above.

SIGNATURE Irwin G. Karron (Degree or title) M.D. ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 3-18-54

IRWIN G. KARRON

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE 3/23/1954 NAME OF CEMETERY OR CREMATORY: Baltimore National LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-19-54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home 1800 N. Monroe St., Baltimore 17, Md.

2550

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02305

33

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills — LENGTH OF STAY (in this place) 1 yr 4 mo 24 da

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Dr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis (West Annapolis)

STREET ADDRESS (If rural give location) 108 Annapolis St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Linda	Christine	Harrison	March	20	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
F	White	Single	11-28-50	3 years				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Henry Harrison	Mary Catherine Heaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		—	Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cardiac Failure	8 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Bilateral Broncho-pneumonia — DUE TO	30 hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital Heart Disease — Mongolism — Since birth

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1953, to Mar. 20, 1954, that I last saw the deceased alive on Mar 20, 1954, and that death occurred at 6:10 AM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Viola B. Johns	M.D.	Rosewood St. Dr. Sch. Owings Mills Md.	3/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar 24 54	St Mary's Cemetery	Annapolis	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 22, 1954	Mary Cline mnt.	B. L. Hopkins & Son	Annapolis Md.

VS. A15

RECEIVED
MAR 29 1954
BUREAU V. S.

2331 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (123)16

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
LENGTH OF STAY (in this place): 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 17 Hill Top Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
STREET ADDRESS (If rural give location): 17 Hill Top Rd.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) A (Last) Heath

4. DATE OF DEATH: (Month) Mar (Day) 16 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	widow	Sept 5 1873	80 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Baltimore Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Gossman	Katharine Stricker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	—	Mrs Bernadine Pinggold Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 472 Chronic Myocarditis, senile change & cachexia — Interval Between Onset And Death: 7 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension — 10 yrs +
DUE TO (c) Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1940, to 3/16, 1954, that I last saw the deceased alive on 3/16, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bollie C. Hudson	M.D.		3/17/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 18 1954	Lorraine Park	Brooklawn Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 17, 1954	Mabel C. Gray	H.H. Jenkins & Sons	6490 York Rd.

VS. A15

Film #G162 Item # 14 3/11/54 emf

2263

012307

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk-rr
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1201 old NORTH POINT

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 1201 old NORTH POINT Rd

3. NAME OF DECEASED (Type or Print): (First) ANITA (Middle) ANN (Last) Hodges
4. DATE OF DEATH: (Month) MARCH (Day) 3 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) MARRIED
8. DATE OF BIRTH: Sept 27-1895
9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): New ORLEANS LA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: David Riddle
14. MOTHER'S MAIDEN NAME: Nellie HAM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: MR JOHN M. Hodges - 1201 old NORTH PT Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) / m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

W. L. Davis M.D. Dep. Med. Exam. | Dundalk-rr-Md | 3-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-6-54 | NAME OF CEMETERY OR CREMATORY Parkwood Cem | LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 3-5-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS Leonard J Luck 5305 Harford

Dunn

2332

012308

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown — LENGTH OF STAY (in this place) MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS Holbrook - Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown — STREET ADDRESS (If rural, give location) Holbrook - Liberty Road.

3. NAME OF DECEASED (Type or Print): (First) Zenobia (Middle) Marshall (Last) Holbrook

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 22 1897

9. AGE last birthday: 56 yrs. — If under 1 year: Months. — Days. — If under 24 hrs.: Hours. — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Denis Marshall

14. MOTHER'S MAIDEN NAME: Florence Constantine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lillie Holbrook. Randallstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1 Cerebral Hemorrhage

Antecedent cause(s) (b) Cardio Vascular Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: Hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to 3/8/54, that I last saw the deceased alive on 3/7/54 and that death occurred at 3:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Martin, M.D. — ADDRESS Randallstown Md — DATE SIGNED 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-10-54 — NAME OF CEMETERY OR CREMATORY: Mt Paran — LOCATION (City, town, or county) (State): Randallstown Balto. Md.

DATE REC'D BY LOCAL REG. 3/8/54 — REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: Weer & Haight — ADDRESS: Sykesville, Md.
Luther H. Haight

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 15 1
BUREAU V. S.

2333 M

02309

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. [redacted]

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 20 yr. +
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: unk. — 02X-2
STREET ADDRESS (If rural, give location): unk ✓

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) LOUISE (Last) HOLLAND

4. DATE OF DEATH: (Month) 3 (Day) 25 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WID.

8. DATE OF BIRTH: 12/22/1876

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): U.S.A - RHODE ISLAND

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: WILLIAM BLOSSANER

14. MOTHER'S MAIDEN NAME: CHARLOTTE BARTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: RECORDS OF SPRING GROVE STATE HOSP.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARDIO-RESPIRATORY FAILURE — 5 MIN

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) GENERALIZED ARTERIOSCLEROSIS — unk.

(c) —

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: MALNUTRITION — 20 days

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): — — —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from June 25, 1953, to Mar 25, 1954, that I last saw the deceased alive on Mar 25, 1954, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wallace Wilkinson M.D. — ADDRESS: Spring Grove State Hosp. — DATE SIGNED: 3-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/27/54 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 3/26/54 — REGISTRAR'S SIGNATURE: [redacted]

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto 17, Md.

2334

Film G154 Item 12
4/20/54 emf

Former Address Richaway Beach Essex Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12310

CERTIFICATE OF DEATH

Reg. Dist. No. .....

The Correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. is especially important.

VS. A15

1. PLACE OF DEATH: COUNTY Hill MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Upsbury Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location) 68 Campfield Rd

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) B. (Last) Hourighausen
4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH DEC 24 1873
9. AGE last birthday 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ? Kuabe
14. MOTHER'S MAIDEN NAME ? Reyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. — —
17. INFORMANT AND ADDRESS 68 Campfield Rd Records Upsbury Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset and Death

Immediate cause (a) 480.0 Virus Pneumonia — 3 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Heart Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterio-Sclerosis — 5 yrs.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1954, to 3/13, 1954, that I last saw the deceased alive on 3/6, 1954, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Earl L. Chambers M.D 4108 Liberty Hts. Balto. 3-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/16/54
NAME OF CEMETERY OR CREMATORY Western Cem
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 3-15-54
REGISTRAR'S SIGNATURE [signature] Deputy
24. FUNERAL DIRECTOR ADDRESS PAUL A. HOFMANN 6067 Hartford Rd.

02311

2335

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (In this place) 31 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll 06x-2; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural, give location) R.F.D. # 6

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLIFTON	F.	HOOD	March	19	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3-31-33	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Unknown	Mount Airy, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard F. Hood	Agnes Gerts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	Korean	219 30 9614	Clin.Rec.Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592 X

Immediate cause (a) CHRONIC NEPHRITIS — Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I VA attended the deceased from Feb. 16, 1954, to Mar. 19, 1954, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William B. VanDegrift M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 3-20-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-23-54	Ebenezer Cemetery	Winfield, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3- 54	A W He	Mildred F. Blight — Howard Blight Funeral Home, 6009 Harford Rd. Baltimore 14, Md.

MARGIN RESERVED FOR BINDING

Items 18&19 Film G162 3/12/54 ams

12336

12312

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CODD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
STREET ADDRESS (If rural give location): 552 ALLEGHENY AVENUE

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) LOUISE (Last) HORNER

4. DATE OF DEATH: (Month) MARCH (Day) 1, (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: SEPT. 21, 1869

9. AGE Last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FELIX FONTAINE

14. MOTHER'S MAIDEN NAME: LOUISE DANJOU

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. MARION L. JONES, TOWSON, MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
454X Immediate cause	(a) Hypostatic Pneumonia	18 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Mid thigh Amputation, 12.18.53 Rt. Leg.	41 days
DUE TO	(c) Arterial embolus, femoral artery	55 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Cardiovascular disease	

19a. DATE OF OPERATION: 12.18.53 — **19b. MAJOR FINDINGS OF OPERATION:** Gangrene, Right leg, Occlusion of Right femoral artery (multiple) emboli — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from ...., 19....., to ...., 19....., that I last saw the deceased alive on 2/27, 1954, and that death occurred at 3/1/54, from the causes and on the date stated above.

SIGNATURE (Degree or title): Patrick C. Phelan M.D. — ADDRESS: 201 W Madison St. Baltimore 1, Md. — DATE SIGNED: 3/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **DATE THEREON:** MAR. 4, 1954 — **NAME OF CEMETERY OR CREMATORY:** PROSPECT HILL CEMETERY — **LOCATION** (City, town, or county) (State): TOWSON, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Mar. 4, 1954 — **REGISTRAR'S SIGNATURE:** Mabel C. Gray — **24. FUNERAL DIRECTOR:** JOHN BURNS' SONS, TOWSON, MD. — ADDRESS

VS. A15

BUREAU V. S.

2337

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12313

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - White Hall
LENGTH OF STAY (in this place) 39 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vernon.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - White Hall
STREET ADDRESS (If rural give location) Vernon.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) M. (Last) Hoshall.

4. DATE OF DEATH: (Month) March (Day) 22, (Year) 19 54.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Febr. 5, 1870	84 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm.
11. BIRTHPLACE (State or foreign country): Parkton, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Hoshall.
14. MOTHER'S MAIDEN NAME: Phebe Fowble.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Dale Wright - White Hall, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Hypostatic pneumonia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Emphysema
DUE TO
(c) C. V. D. disease
442 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1954, to March 22, 1954, that I last saw the deceased alive on March 22, 1954, and that death occurred at 2:18 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. M. France M.D.
ADDRESS Parkton, Md.
DATE SIGNED 3/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 25 1954
NAME OF CEMETERY OR CREMATORY Vernon Cemetery
LOCATION (City, town, or county) (State) White Hall, Balto. Co. Md.
DATE REC'D BY LOCAL REGISTRAR 4/26/54
REGISTRAR'S SIGNATURE Edward L. Reed
24. FUNERAL DIRECTOR Jacob Harlinstein, New Freedom, Pa.
ADDRESS

RECEIVED
MAR
BUREAU V.

Film G164 Item # 8 4/7/54 cmf Item # 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12314

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney; LENGTH OF STAY (in this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carney; STREET ADDRESS (If rural give location) 8926 Clement Ave

3. NAME OF DECEASED: (First) Arthur (Middle) H. F. (Last) Hummel

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 10 1894

9. AGE Last birthday: 59 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Poultry Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm G Hummel

14. MOTHER'S MAIDEN NAME: Anna Chamberlain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edward J Hummel 8926 Clement Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Hemmorrage — Interval Between Onset And Death: 1-2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — long standing

DUE TO

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Long Standing Bronchial Asthma — undet.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5:00 Am 3/31, 1954, to 5:25 AM 3/31, 1954, that I last saw the deceased alive on 3/31, 1954, and that death occurred at 5:25 AM, from the causes and on the date stated above.

SIGNATURE John R. Hyde (Degree or title) MD ADDRESS 7527 Belair Rd Balto 6 DATE SIGNED 4/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 4/3/54; NAME OF CEMETERY OR CREMATORY Parkwood; LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REGISTRAR 4-1-54; REGISTRAR'S SIGNATURE H W Sedgwick

24. FUNERAL DIRECTOR Ulland L Horn ADDRESS 3210 Belair Road

VS. A15

2339 Film#G162 Item#9 4/1/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12316

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1724 EDGEWOOD RD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 1724 EDGEWOOD RD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	J	JAMES	MARCH	25	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	APRIL 1 1891	62 6/3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PHOTO ENG.	RETIRED	IRELAND	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH JAMES	MARIA SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	215-09-0313	MARY LEAH JAMES 1724 EDGEWOOD RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypo-static Pneumonia.	27 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of pelvis.	
	(c) General Carcinomatosis.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3, 1953, to Mar-25 1954, that I last saw the deceased alive on Mar. 25, 1954, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr Lee K Fagan		8155 Loch Raven Blvd	Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	MARCH 27-54	CATHEDRAL CEM	OLD FREDERICK RD	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Diffell Bros	7110 BELAIR RD 6

2340

02317

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE + Dist. Ima — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE 155 WEST ST. MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS, MD. 0
STREET ADDRESS (If rural, give location) 155 WEST ST. ✓

3. NAME OF DECEASED (Type or Print): (First) LILLY (Middle) CANTLER (Last) JEFFERS

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 2-14-1897

9. AGE last birthday: 57 yrs. — If under 1 year: Months 2 / Days 5 / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CANDY WORKER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): ANNAPOLIS, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES CECIL CANTLER

14. MOTHER'S MAIDEN NAME: ANNIE NORELETT McDOWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If year, give war or dates of service) SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MARTHA SIEELDEN 826 BRUCHER AVE, EASTPORT, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

463X
Immediate cause (a) Acute cardiac failure due to

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) thrombophlebitis, massive, it.

(c) leg

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24-, 1945, to 3-19-, 1954, that I last saw the deceased alive on 3-19-54, 19....., and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hoid E. Edwards MD Spring Grove State Hospital

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 3-22-54 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. March 22, 1954 | REGISTRAR'S SIGNATURE Victor E. Harry | 24. FUNERAL DIRECTOR John M Taylor Sons | ADDRESS Annapolis Md.

RECEIVED
MAR 29 1954
BUREAU OF

2341

12318

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8740 Oakleigh Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 711 Woodbourne Avenue

3. NAME OF DECEASED (Type or Print): Mr. Sylvanus Jones
4. DATE OF DEATH: March 5 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mar. 18, 1885
9. AGE last birthday: 68 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Balto signal depot
10b. KIND OF BUSINESS OR INDUSTRY: Clerk
11. BIRTHPLACE (State or foreign country): Edwardsville, Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wm. K. Jones
14. MOTHER'S MAIDEN NAME: Kathryn K. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-09-5845
17. INFORMANT AND ADDRESS: M-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1954 Immediate cause (a) Metastatic Carcinoma of Lung — Interval between onset and death: 3 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatic Carcinoma — 8 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19 48 to March 5, 1954, that I last saw the deceased alive on March 5, 1954, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles F. Donnelly M.D. — ADDRESS: 7501 York Rd Towson — DATE SIGNED: 3/6/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3/8/1954
NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3 8 54
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road.

51

Dr. O'Donnell
7501 York Road

2269

Film#G164 Item# 8,9 4/19/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(2319)

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hal Corp — LENGTH OF STAY (in this place) 45 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Craddock Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1707 Ruxton Ave

3. NAME OF DECEASED (Type or Print): (First) Lysette (Middle) Jones (Last)

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4-15-18[illegible]

9. AGE last birthday: 68 yrs. — If under 1 year: Months 11 — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Albany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Warren Jones

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Julia Jones 1707 Ruxton Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 177X Cancer of the Penis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Amputation of Penis

(c) Difficult Urination

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 11, 1954 to Mar 17, 1954 that I last saw the deceased alive on Mar 16, 1954 and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE: Thos Woodrige (Degree or title) — ADDRESS: R4 Box 212 Ellicott City Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE OF BURIAL: 3/23/54 — NAME OF CEMETERY OR CREMATORY: Mt Calvary — LOCATION (City, town, or county) (State): Brooklyn Md

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Elroy O. Wilson — ADDRESS: 1001 Bruntz ave

VS. A15

2342

02320

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 313 Third Street (6)

3. NAME OF DECEASED (Type or Print): (First) STANLEY (Middle) (NMI) (Last) KACZMARCZYK

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-13-92

9. AGE Last birthday: 61 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Majestic Co.

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Michael Kaczmarczyk

14. MOTHER'S MAIDEN NAME: Kathryn Orlowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown 189-03-1775

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp. Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

Immediate cause (a) CEREBROVASCULAR ACCIDENT — Interval Between Onset and Death: 4 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) HYPERTENSIVE CARDIOVASCULAR DISEASE — Unknown

(c) GENERALIZED ARTERIOSCLEROSIS — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Mar. 7., 19 54, to Mar. 11., 19 54., and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., Chief, Medical Service — VAH, FORT HOWARD, MARYLAND — 3-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burail — DATE: 3-15-54 — NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery — LOCATION (City, town, or county) (State): Dundalk 22, Maryland

DATE REC'D BY LOCAL REG.: March 13 1954 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR — ADDRESS: Bruzdzinski Funeral Home, 1407 Eastern Ave. Baltimore 31, Maryland

2343

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

62321

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oregon

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville (Rural)
STREET ADDRESS (If rural give location) Oregon

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Marten (Last) Kechner

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: July 26, 1876

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Marten

14. MOTHER'S MAIDEN NAME: Susan Turnbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Allen Kechner, Cockeysville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cardiac Decompensation — Interval Between Onset And Death: 2 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) arteriosclerotic Cardiovascular disease — over 8 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1946 to March, 1954, that I last saw the deceased alive on 23 March, 1954, and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE Walter T. Rees — (Degree or title) M.D. — ADDRESS Cockeysville Md. — DATE SIGNED 23 March 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-26-54 — NAME OF CEMETERY OR CREMATORY Jessops Methodist — LOCATION (City, town, or county) (State) Sparks Md.

DATE REC'D BY LOCAL REGISTRAR 25 March 1954 — REGISTRAR'S SIGNATURE Emma Armistead MacRae — 24. FUNERAL DIRECTOR — ADDRESS J. Scott Brooks, Sparks, Md.

VS. A15

RECEIVED
MAR 23 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12322

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Md) — LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4900 Necker Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Md.)
STREET ADDRESS (If rural, give location) 4900 Necker Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DAISY	Louanne	Keefer	3	5	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	11/14/76	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Maryland, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaiah Copenhauer	Elizabeth Eckard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	none	Mrs. [illegible] 4810 [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive arterial disease — 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 19 53 to March 5, 19 54, that I last saw the deceased alive on Feb 19, 19 54, and that death occurred at March 5 54 1 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D	1W Overlea Ave	3-5-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 5 54	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Mrs. A. L. [illegible]	[illegible]	[illegible]

RECEIVED
MAR 12 1934
BUREAU V. S.

2345.

MARYLAND STATE DEPARTMENT OF HEALTH

02323

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 1yr./mo./6days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location) Nursing Home (County)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Herin- (Last) Kelly
4. DATE OF DEATH (Month) March (Day) 3, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Unknown	77? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Unknown	Unknown

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 420.1	(a) Acute cardiac failure	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute and chronic myocardial infarctions	
	(c) Coronary and generalized arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS (MARY OR CONTRIBUTING) CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry X thereon and from the evidence so viewed by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓ accident , suicide , homicide , undetermined .

SIGNATURE (Degree or Title)	ADDRESS	DATE SIGNED
Geo. M. Kieffer Jr. M.D. Resident Physician	1010 Leeds Avenue, Arbutus, Md.	3-3-54

DISPOSITION (Burial, Removal (Specify))	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/5/54	Sacred Heart	Berwyn Heights	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-4-54	V.E. Starr	J. J. Foley Sons	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important Physicians: please write the causes of death clearly and legibly.

U.S. A1-54

BUREAU V. S.

Item 12 Film G 152 3/30/54 cm

12324

2346

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7807 Westmoreland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 7807 Westmoreland Avenue

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) Sophia Johanna (Last) Klaas

4. DATE OF DEATH: (Month) (Day) (Year) March 20th 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Feb. 21, 1866

9. AGE last birthday: 88 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Meyer

14. MOTHER'S MAIDEN NAME: Gretchen Luhrman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Karl Finger, 7807 Westmoreland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage. — 3 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Generalized, severe. — about 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 July, 1952, to 20 March, 1954, that I last saw the deceased alive on 20 March, 1954, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edward L. J. Muhly MD 742 S. Harford Rd Baltimore 14 Md 22 March

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar. 23/1954 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park. — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-22-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS
Leonard J. Fuck — Leonard J. Fuck, 5305 Harford Road #14

Dr. Molz
7425 Harford Road
Ha 6 0800
Blvd 1505

2347

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1-2325

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON; LENGTH OF STAY (in this place) 45 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON MARYLAND; STREET ADDRESS (If rural, give location) SHEPPARD PRATT HOSP.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) WILLIAM (Last) KOCH

4. DATE OF DEATH: (Month) MARCH (Day) 25 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Dec 21, 1877

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY: ELECTRIC

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES KOCH

14. MOTHER'S MAIDEN NAME: CAROLINE SAHLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-32-1172

17. INFORMANT AND ADDRESS: MRS MARY C. KOCH WIFE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ARTERIOSCLEROTIC HEART DISEASE — 5 yrs

(c) Emphysema Vulgaris — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: NONE

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): No

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): No m.

INJURY OCCURRED While at Work ☐ Not While At work ☑ No

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar. 25, 1954, to Same, 19....., that I last saw the deceased alive on Same, 19....., and that death occurred at 8 00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. Ben Blackman	M.D.	Sheppard-Pratt Hosp. Towson, Md.	3/25/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MAR. 27, 1954	OAK LAWN CEMETERY	EASTERN AVE., BALTO., MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 26, 1954	Mabel C. Gray	JOHN BURNS' SONS,	TOWSON, MD.

RECEIVED
MAR 29 1954
BUREAU V. S.

3 2348

MARYLAND STATE DEPARTMENT OF HEALTH

02326

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 2mo. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1002 Lyndhurst Avenue

3. NAME OF DECEASED (Type or Print): (First) James (Middle) William (Last) Koontz
4. DATE OF DEATH: (Month) March (Day) 16, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	11-3-1864	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction Foreman	Carpenter	Virginia	USA

13. FATHER'S NAME: William Koontz
14. MOTHER'S MAIDEN NAME: Elixabeth Garbor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular disease	
	(c) Fracture of left hip	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital
(CITY OR TOWN) Catonsville (COUNTY) Baltimore (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) 3-7-54 (Hour) Unk.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Unknown

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry* X *therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident* X*, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) Geo. McKieffer M.D. Asst. Phys.
ADDRESS 1010 Leeds Avenue, Arbutus
DATE SIGNED 3-16-54

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 19/54	New Cathedral	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-17-54	H W Hedrick	Harry H. Whitfield	101 Edmondson Ave

Drwr

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS AHA

12327

4270

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4425 Allan Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 4425 Allan Drive

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) W. (Last) KOPP

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 9, 1906

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Equipment

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ferdinand Kopp

14. MOTHER'S MAIDEN NAME: Elsie Biddison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Florence R. Kopp-4425 Allan Drive Arbutus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolus — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Thrombosis — 3 mos

(c) Arteriosclerotic Cardio-Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to 3/17, 1954, that I last saw the deceased alive on 3/17, 1954, and that death occurred at 11:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Oscar Laughlin, M.D. 4508 Edmondson Village Baltimore 29, Md 3/18/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/20/54
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 3-19-54
REGISTRAR'S SIGNATURE: Ethel Hedrick Smith

24. FUNERAL DIRECTOR: Wm. J. Tudenor & Sons ADDRESS: Balto 17 Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2349

02328

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville | LENGTH OF STAY (In this place): since 6/23/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): Box 246 - A

3. NAME OF DECEASED (Type or Print): (First) Asa (Middle) Edmund (Last) Kuser

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/19/1893

9. AGE last birthday: 60 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Retail -

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: 218-14-1176

17. INFORMANT AND ADDRESS: Spring Grove State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

309X **Immediate cause** (a) Failure of the heart

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Malnutrition, dehydration, anemia
(c) Psychotic depression

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Bruno Radauskas M.D. | Spring Grove State Hospital | 3/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/24/54 | NAME OF CEMETERY OR CREMATORY: Meadow Ridge | LOCATION (City, town, or county) (State): Wash. Blvd. Md.

DATE REC'D BY LOCAL REG.: 3/23/54 | REGISTRAR'S SIGNATURE: E O Nichols

24. FUNERAL DIRECTOR | ADDRESS: Frank H. Purdy - Catonsville, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 2[illegible]
BUREAU V. S.

2350

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12929

Reg. Dist. No. ..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11

1. PLACE OF DEATH:
COUNTY Baltimore, 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2923 Salisbery Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Balto.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~XXXX~~ Baltimore
STREET ADDRESS (If rural give location) 2718 Dillon St.

3. NAME OF DECEASED: (Type or Print) (First) Magdalena (Middle) ---- (Last) Kwiatkowski

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 22 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Warzeha

14. MOTHER'S MAIDEN NAME: Laura Lawrence

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service) none

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Stella Mierzewinski, 2718 Dillon St. Balto Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Insufficiency — Interval Between Onset And Death: 2 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Heart Disease — 4 yrs

DUE TO

(c) Generalized Arteriosclerosis — 4 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1954 to Mar. 13, 1954, that I last saw the deceased alive on Mar 13 1954, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE James J. Means (Degree or title) M.D. ADDRESS 520 Dillon St Balto Md. DATE SIGNED 3-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 16 Mar. 1954

NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary

LOCATION (City, town, or county) (State) German Hill Road.

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Arthur W. Kwiatkowski ADDRESS 1000 S. Kenwood Ave Balto. Md.

2351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(2551)

Reg. Dist. No. 32-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN Catonsville; LENGTH OF STAY (in this place) 5½ yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsbury Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY; CITY OR TOWN Balto; STREET ADDRESS 421 Lynhurst St (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) Dorothea (Last) Lang

4. DATE OF DEATH: (Month) March (Day) 24, (Year) 1954

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Nov 26 1866 | 9. AGE last birthday 88 87 yrs. | If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Balto Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Martens | 14. MOTHER'S MAIDEN NAME Elizabeth Braun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Records Augsbury Home 6877 Bonnieview Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (44 X)	(a) Virus Pneumonia	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	3 yrs
	(c) Chronic Gall Bladder Disease	2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized Arterio - Sclerosis.	3 yrs.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1947, to March, 1954, that I last saw the deceased alive on March 22, 1954, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Earl L. Chambers	M.D	4108 Liberty Hts. Balto 7 Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/27/54	St Pauls Memorial Pk	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/25/54	A. W. Hedrick 92	Paul J. Heumann	6067 Stanford Rd

VS. A15

W. Harry Lang

2352 M

1-2331

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CLIFTON (Middle) G. (Last) LARRIMORE

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/19/87

9. AGE last birthday: 66 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Michaels, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Larrimore

14. MOTHER'S MAIDEN NAME: Mary Angie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: 214-32-2296

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) CARCINOMATOSIS — Interval between onset and death: 1 YEAR

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARCINOMA OF THE RECTUM WITH METASTASIS — PLUS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from March 8, 1954, to March 10, 1954, that I last saw the deceased alive on 19xx, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE F.O. Dickey (Degree or title) ADDRESS DATE SIGNED

FRANCIS O. DICKEY, M.D., Chief, Medical Services VAH, FORT HOWARD, MARYLAND 3/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar. 12, 1954 — NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery — LOCATION (City, town, or county) (State): Queenstown, Maryland

DATE REC'D BY LOCAL REG. 3-10-54 — REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR: John D. William — ADDRESS: Easton, Maryland

155

2353

1-2332

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Balto. 20
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 16. Box 544

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Bal'.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Middle River, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Laubach (Last) Laubach

4. DATE OF DEATH (Month) Mar (Day) 24 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write word) Widower

8. DATE OF BIRTH: Oct 8/1895

9. AGE Last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired) Farmer, semi retired. non farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? U. Sa.

13. FATHER'S NAME: Jch Laubach

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Geo. Laubach Jr. (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Cardio Vascular disease — Interval Between Onset and Death: One Yr.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Dark 3-26-54 12 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo Carmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED 3/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3/24/54 — NAME OF CEMETERY OR CREMATORY Parkwood Cem — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 3/27/4 — REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR Lassahn Funeral Home — ADDRESS 7401 Belair Rd

Item 8 Film G 162 3/22/54 cm

2354

2354

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. ... 1 ...

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO. 7 — LENGTH OF STAY (In this place) 24 YEARS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO 7 —
HOSPITAL OR INSTITUTION OR STREET ADDRESS WINDSOR MILL RD.	STREET ADDRESS (If rural, give location) WINDSOR MILL ROAD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SARAH	ELIZABETH	LIEBNO	MAR.	11	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hr: Hours / Min
FEMALE	WHITE	WIDOWED	MAR 20 1868	85 yrs.	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOME MAKER		MARION COUNTY — OHIO	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM KUEHNER	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	MR HENRY LIEBNO — WINDSOR MILL RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) HYPERTENSIVE C.V. DISEASE - 2	5 YEARS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CONGESTIVE HEART FAILURE - 2	
	(c) RENAL INSUFFICIENCY.	6 WEEKS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from APRIL ..., 1953 ..., to MAR-11 ..., 1954, that I last saw the deceased alive on MAR. 11 ..., 1954 and that death occurred at 6-30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Norman E. Wesley MD	Randallstown - Md.	3-11-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 13, 1954	Mt. Olive	Randallstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		John F. Teufel	5311 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02333

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 Sudbrook Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 600 Sudbrook Road

3. NAME OF DECEASED: (Type or Print) (First) Vernon (Middle) Henry (Last) Liebno

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1954

5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH: 13 Nov. 1918 9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Supervisor 10b. KIND OF BUSINESS OR INDUSTRY: Construction 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry John Liebno 14. MOTHER'S MAIDEN NAME: Margaret Fishpaw

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World war II 1941-45 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Mrs. Vernon Liebno 600 Sudbrook Rd. #8

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) carcinoid, generalized — Interval Between Onset And Death: 1 yr 9 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1952 19b. MAJOR FINDINGS OF OPERATION carcinoid retroperitoneal 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr ..., 19 53, to 29 Mar ..., 19 54, that I last saw the deceased alive on 28 Mar, 1954, and that death occurred at 7.25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul K Roupe M D Pikesville 8 Md 29 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/31/54 NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 3-29-54 REGISTRAR'S SIGNATURE A. W. Healey Deputy 24. FUNERAL DIRECTOR ADDRESS Wm. J. Pickney & Sons Balto. 17. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2356

(2335)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in the Pines Nursing Home, Catonsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1710 Park Avenue

3. NAME OF DECEASED (Type or Print): (First) Edw'r (Middle) J. (Last) Lilly
4. DATE OF DEATH: (Month) March (Day) 7 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Jan. 2
9. AGE last birthday: 74 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist
10b. KIND OF BUSINESS OR INDUSTRY: Amer. Agri. Chem.
11. BIRTHPLACE (State or foreign country): Conewago, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry J. Lilly
14. MOTHER'S MAIDEN NAME: Helen Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Edw. J. Lilly, 1710 Park Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia, — 6 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arterio Sclerosis and Chr interstitial nephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 30, to Mch 7, 19 54, that I last saw the deceased alive on Feb 21, 19 54, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ed H Haywood, MD — ADDRESS: 132 Eager St. Balto. 1 — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/10/54 — NAME OF CEMETERY OR CREMATORY: St. John's — LOCATION (City, town, or county) (State): Long Green, Md.

DATE REC'D BY LOCAL REG. 3-9-54 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: H. W. Meeks & Sons — ADDRESS: 808 N. Calvert St.

V

J5.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02336

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The color age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
MARYLAND
LENGTH OF STAY (in this place) 2 mo. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 5219 Ethelbert Avenue

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) F. (Last) LINGG

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-18-1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Lingg

14. MOTHER'S MAIDEN NAME: Henriette Felix

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-03-5387

17. INFORMANT & ADDRESS: Unknown Records of Spring Grove State Hospital

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 491X (a) Bronchopneumonia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 19 53, to March 2, 19 54, that I last saw the deceased alive on March 2, 19 54, and that death occurred at 8:00 pm, from the causes and on the date stated above.

SIGNATURE Lindsey D. Campbell, (Degree or title) MD ADDRESS Spring Grove State Hospital, Baltimore 28 Md DATE SIGNED Mar 2 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/5/54 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) Baltimore Md (State)

DATE RECD BY LOCAL REGISTRAR 3/4/54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Loring Owen 5125 Old Hollins Ave ADDRESS Balto 15, Md

VS. A15

2271

12336

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RELAY
LENGTH OF STAY (in this place) 61
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4908 CEDAR AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RELAY
STREET ADDRESS (If rural, give location) 4908 CEDAR AVE.

3. NAME OF DECEASED (Type or Print): (First) LULA (Middle) DUNCAN (Last) LOWMAN

4. DATE OF DEATH: (Month) 3- (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: OCT. 8, 1877

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: JOHN JAMES DUNCAN

14. MOTHER'S MAIDEN NAME: SUSAN A. PHELAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. Wm. H. [illegible] - 4908 Cedar ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9 Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset and Death: 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1954, to 3/10, 1954, that I last saw the deceased alive on 3/9, 1954, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS Oakleigh Md DATE SIGNED 3/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 3-13-54 — NAME OF CEMETERY OR CREMATORY London Park Cem. — LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. Mch 15 54 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Geo. N. Farley - Catonsville, Md. — ADDRESS

Item 14 film G 162 3/18/54 cm

2358

02338

N

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 102 Albermarle Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALFRED	(NMI)	LUCAS	March	14	54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	3/11/95	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Washing		Danville, Virginia	U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Georgia Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW-I	124 10 8427	Clin.Rec.Vet.Adm.Hosp. Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 134.1 TORULA MENINGITIS — Interval between onset and death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that VA X attended the deceased from Mar 2, 1954, to Mar 14, 1954, and that death occurred at 4:45 A. m., from the causes and on the date stated above.

SIGNATURE: William B Vande Griet (Degree or title) M.D. ADDRESS: VAH, Fort Howard, Maryland DATE SIGNED: 3-14-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/15/1954	National Cemetery	Danville, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-15-54	[signature]	Arlington S Phillips Funeral Home	

SHIPPED TO: Cunningham & Hughes Funeral Home 1808 N. Monroe St. Balto, Maryland
351 Holbrook St. Danville, Va.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12339)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1 PLACE OF DEATH:
COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville | LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 7 nd
STREET ADDRESS (If rural give location) 3602 Landbeck Rd

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) (Last) MacConney
4. DATE OF DEATH: (Month) Mar (Day) 16 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
F	W	single	30 Jan 1886	68 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): nursing
10b. KIND OF BUSINESS OR INDUSTRY: hospital
11. BIRTHPLACE (State or foreign country): massachusetts
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Joseph L MacConney
14. MOTHER'S MAIDEN NAME: Alice J Attewell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 220-30-2012
17. INFORMANT & ADDRESS: Mrs Harold MacConney 3602 Landbeck Rd Balto 7 nd

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
170X Immediate cause	(a) Carcinoma of L. breast with metastases DUE TO	7 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 1947
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of L. breast
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Sep, 19 53, to 16 Mar, 19 54, that I last saw the deceased alive on 15 Mar, 19 54, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul H Royer	M D	Pikesville 8 nd	16 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/19/54	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR.	ADDRESS
3-18-54	A W Redland	Wm. J. Pickner & Sons	Balto 17, Md.

54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02340

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN Catonsville; LENGTH OF STAY (In this place) 33yr.,9mo.,7days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1931 Sponson Street

3. NAME OF DECEASED (Type or Print): (First) Hilda; (Middle) (Macijewski); (Last) Majeski

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	3-17-1880	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Carl Zielke

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ENTER AT CASE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry* X *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes* X, *accident* ___, *suicide* ___, *homicide* ___, *undetermined* ___.

SIGNATURE (Degree or title) Ralph Paul Kieffer M.D. ADDRESS 1010 Leeds Avenue, Arbutus, Md. DATE SIGNED 3-16-54

DISPOSITION (Burial, cremation, removal, etc.)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3/18/54	Moreland Park Cemetery	Parkville, Maryland

DATE REC'D BY LOCAL REGISTRAR 3-17-54 | REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

No. 2361

02341

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Beckleysville — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Upper Beckleysville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville
STREET ADDRESS (If rural, give location) Upper Beckleysville Rd

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Estella (Last) Martin

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: June 16 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel R. Alban

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Stiffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Lulie Handy, Hampstead, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion.	Suddenly
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Myocarditis.	2
DUE TO		
	(c) Hypertensive Cardio-Vascular Disease	3

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 19 53, to March 22 19 54 that I last saw the deceased alive on March 22 19 54 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE AND DEGREE OR TITLE: Joseph E. Bush M.D. ADDRESS: Hampstead Md DATE SIGNED: 3/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-26-54

NAME OF CEMETERY OR CREMATORY: Abraham Luthern Church

LOCATION (City, town, or county) (State): Beckleyville, Md

DATE REC'D BY LOCAL REG.: 3/26/54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR David R. Martin ADDRESS: Martin Funeral Home, Manchester, Md.

David R. Martin

4 2362

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12342

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural) — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Stanley (Middle) Even (Last) Matthews

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 23, 1866

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah Matthews

14. MOTHER'S MAIDEN NAME: Annie Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-32-3778A

17. INFORMANT & ADDRESS: Fannie L. Matthews, Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular-renal disease — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 19 54, to Mar. 3, 19 54, that I last saw the deceased alive on Mar. 3, 19 54, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. M. France M.D. — ADDRESS Parkton Md. — DATE SIGNED 3/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-5-54 — NAME OF CEMETERY OR CREMATORY Friends Meeting — LOCATION (City, town, or county) Sparks, Md (State)

DATE REC'D BY LOCAL REGISTRAR 5 March 1954 — REGISTRAR'S SIGNATURE Anne Dennis Read MacRae

24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Sparks, Md.

RECEIVED
MAR
BUREAU V. S.

2363

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12343

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 (1)

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Hall
LENGTH OF STAY (in this place): 49 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Big Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Hall
STREET ADDRESS (If rural, give location): Big Falls Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Pitt (Last) Mays

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4 March 1879

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Circuit Court

11. BIRTHPLACE (State or foreign country): Hereford, Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: G. Albert Mays

14. MOTHER'S MAIDEN NAME: Elizabeth Anne Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT, & ADDRESS: Mrs. Edna Keech Mays, White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

782.4

Immediate cause (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Asthma — 2 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 June, 1953, to 19 March, 1954, that I last saw the deceased alive on 19 March, 1954, and that death occurred at 7:35 A.m., from the causes and on the date stated above.

SIGNATURE Walter T. Kees (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md. DATE SIGNED 19 March 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar. 21, 1954 — NAME OF CEMETERY OR CREMATORY: Foster — LOCATION (City, town, or county) (State): Hereford, Balto Co. Md.

DATE REC'D BY LOCAL REG.: Mar. 20, 1954 — REGISTRAR'S SIGNATURE: Mrs Howard S. Markline

24. FUNERAL DIRECTOR ADDRESS: Martin A. Kurtz, Jarrettsville, Md.

RECEIVED
MAR 26 1954
BUREAU V. S.

2364

12244

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 814 Silver Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 814 Silver Ave.

3. NAME OF DECEASED: (Type or Print) (First) CLINTON (Middle) GEORGE (Last) McCORMICK

4. DATE OF DEATH: (Month) MAR. (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan. 26-1891

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? McCormick

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-07-8571

17. INFORMANT & ADDRESS: Ida McCormick (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Cerebral Apoplexy	3/21/54
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerotic Cardio-Vascular disease	3 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to March 21, 1954, that I last saw the deceased alive on March 21, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
MD Balto 6 3/22/54

23. BURIAL, CREMATION REMOVAL (Specify): Buried

DATE THEREOF: Mar. 24-54

NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem.

LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG. 3-24-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Jno. J. Connelly 418 Eastern Ave Balto 24 Md.

2365

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12345

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baltimore
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6102 Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baltimore
STREET ADDRESS (If rural, give location) 6102 Frederick Road

3. NAME OF DECEASED (Type or Print): (First) James (Middle) B. (Last) McCurley

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 5, 1881

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Lieut.

10b. KIND OF BUSINESS OR INDUSTRY: Policeman

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James McCurley

14. MOTHER'S MAIDEN NAME: Mary McLaughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. --------

17. INFORMANT: Mina E. McCurley-6102 Frederick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	5 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Hypertension Cardio-Vascular-Renal Disease	10 Yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22, 1945, to 3-6, 1954, that I last saw the deceased alive on March 5, 1954, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE: Wilmer K. Gallagher (Degree or title) M.D. ADDRESS: 6209 Frederick Rd., Balt. 28, Md. DATE SIGNED: 3-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: March 9, 1954

NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-8-54

REGISTRAR'S SIGNATURE: A W Schmidt

24. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Baltimore St.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Film#6164 Item# 13,14 4/13/54 emf

2366

MARYLAND STATE DEPARTMENT OF HEALTH

02346

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: BALTO. | STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: PROVIDENCE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MD. | COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON (RURAL)
STREET ADDRESS (If rural, give location): PROVIDENCE ROAD

3. NAME OF DECEASED (Type or Print): (First) Leah (Middle) (Last) McKenzie

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED | 8. DATE OF BIRTH: JAN 5, 1876 | 9. AGE last birthday: 77 yrs. | If under 1 year: Months / If under 24 hrs: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Walter DEVRIES | 14. MOTHER'S MAIDEN NAME: Minnie Lee BURHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service): | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: JOHN McKENZIE III ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon monoxide poisoning (gas) Suicide — Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Melancholia — 5 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Rollin E. Hudson, M.D., D.M.E. | ADDRESS Towson Md | DATE SIGNED 3/31/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 4-2-1954 | NAME OF CEMETERY OR CREMATORY: LOUDON PARK | LOCATION (City, town, or county): BALTO. | (State): MD.

DATE REC'D BY LOCAL REG. 4-2-54 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR: H. W. JENKINS SONS CO. | ADDRESS: 4105 YORK RD. BALTO. MD.

VS. A15A

2272

12347

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10...3

1. PLACE OF DEATH: ... COUNTY ... MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): English Consul
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3248 Magnolia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ...
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): English Consul
STREET ADDRESS (If rural give location): 3248 Magnolia Ave.

3. NAME OF DECEASED: (First) KATIE (Middle) (Last) McKEWEN
4. DATE OF DEATH: (Month) (Day) (Year) Mar. 22, 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	White	widowed	Jan. 16, 1877	77 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Maryland	

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	none	Mr. George E. McKewen-807 E. Belvedere Ave.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Hemiplegia left side	1 week.
ANTECEDENT CAUSE (B)	DUE TO (B) Arteriosclerosis C.V.D	5 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 19 54, to 3/22, 19 54, that I last saw the deceased alive on 3/21, 19 54, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE M. D. ... ADDRESS 730 Cumpston Rd DATE SIGNED 3/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/25/54	Western Cem.	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR ... REGISTRAR'S SIGNATURE ... 24. FUNERAL DIRECTOR Wm. J. Pickner ADDRESS Balto 17 Md

2367

M

MARGIN RESERVED FOR BINDING

1

12348

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTIMORE. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE MD | LENGTH OF STAY (In this place) 5 mo 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE HOSTITAL.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALT-O
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westport, Maryland
STREET ADDRESS (If rural, give location) 1944 Annapolis Road.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) L. (Last) McNEAL.

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 5, 1880

9. AGE last birthday 73yrs. yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pennsylvania USA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rudolph McNeal.

14. MOTHER'S MAIDEN NAME Susie Hartman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 214-22-2192

17. INFORMANT AND ADDRESS Mr. Sudduth 1944 Annapolis Rd Westport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 446X Generalized Arteriosclerosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Benign Nephrosclerosis. (c) with Uremia.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-26, 1953, to 2-14, 1954, that I last saw the deceased alive on 2-14, 1954, and that death occurred at 2 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Spring Grove Hospital, Catonsville, Md. | ADDRESS by J R Cowen, M.D. | DATE SIGNED 3-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE March 16, 1954 | NAME OF CEMETERY OR CREMATORY Glen Haven | LOCATION (City, town, or county) (State) Ritchie Highway Balto. Md.

DATE REC'D BY LOCAL REG. 3-15-54 | REGISTRAR'S SIGNATURE D.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS KRAUSE FUNERAL HOME 1216 S. Charles St. Balto. 30

2368

02349

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8101 Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville — STREET ADDRESS (If rural, give location): 8104 Harford Road

3. NAME OF DECEASED (Type or Print): (First) Ann (Middle) (Last) Meadow

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1954

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH

9. AGE Last Birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Dress Shop

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Lonnie Cooper - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 974X Strangulation by hanging - Suicide — Interval Between Onset and Death: Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Rollin C. Hudson M.D. DME. — ADDRESS: Towson Md — DATE SIGNED: 3/28/54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 3-30-54 — NAME OF CEMETERY OR CREMATORY: Hebrew Friendship — LOCATION (City, town, or county): Dalto — (State): Md.

DATE REC'D BY LOCAL REG.: 3-31-54 — REGISTRAR'S SIGNATURE: A W Hartsock — 24. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eutaw Pl

JJ

12350

2359

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (in this place) 36 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 416 4th Street (Eastport)

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) L. (Last) MEDFORD

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-26-73

9. AGE last birthday: 81 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doorman - theater

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel L. Medford

14. MOTHER'S MAIDEN NAME: Elizabeth Benjamin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): SAW

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a)..... CARCINOMA OF CECUM

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).....

(c).....

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-11-54 | 19b. MAJOR FINDINGS OF OPERATION: Inc.&Drainage of Retroperitoneal Abscess

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from Jan. 26, 1954, to Mar. 3, 1954, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift (Degree or title) M.D. ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 3-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Mar 8-54 | NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery | LOCATION (City, town, or county) Fort Myer, Virginia (State)

DATE REC'D BY LOCAL REG.: March 5, 1954 | REGISTRAR'S SIGNATURE: Dawson L Parker

24. FUNERAL DIRECTOR: John M. Taylor & Son, ADDRESS: 147 Duke of Gloucester Street, Annapolis, Maryland

mmt

RECEIVED
MAR 14
BUREAU V. S.

2370

MARYLAND STATE DEPARTMENT OF HEALTH

02351

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 701 Ingleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) (Same)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) T. (Last) Meldron

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 54 19

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/2/05

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Sp Mat Corp America

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Clifton J. Meldron

14. MOTHER'S MAIDEN NAME: Florence Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Grace E. Meldron

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) by hanging

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hung by rope in garage

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Catonsville (COUNTY): Balto (STATE): Md

TIME OF INJURY (Month) Mch (Day) 6 (Year) 54 (Hour) 1-10 P m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hung himself from rafter in garage

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo M Kieffer M.D. Coroner Balto Co 1010 Leadenhall Md 6 Mch 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/9/54 — NAME OF CEMETERY OR CREMATORY: St. Johns — LOCATION (City, town, or county) (State): Ellicott City

DATE REC'D BY LOCAL REG. 3-9-54 — REGISTRAR'S SIGNATURE: T E Harris

24. FUNERAL DIRECTOR ADDRESS: MacNabb & Son, Catonsville, Md.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 11 19[illegible]
BUREAU V. S.

Film#3163 Item# 9 4/5/54 emf

2371

02352

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex.
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 609 Dorsey ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Roger (Last) Mercer

4. DATE OF DEATH (Month) Mar (Day) 23 (Year) 1954

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov 29/1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Machine Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: U. States Govt.

11. BIRTHPLACE (State or foreign country): Frederick Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 217-01-3984

17. INFORMANT & ADDRESS: Mrs. Nettie Louise Mercer (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 23 - 54 10:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. Mclearmore M.D.

~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ M. D.

DATE SIGNED 3/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/27/54

NAME OF CEMETERY OR CREMATORY Oak Lawn Cem

LOCATION (City, town or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 3/25/54

REGISTRAR'S SIGNATURE A. W. Hedrick Jr

24. FUNERAL DIRECTOR Philip Herwig Sons, 2024 Orleans St

ADDRESS

31

2372

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Baltimore
LENGTH OF STAY (in this place) 7½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Baltimore 28, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) 2003 Callow Avenue Baltimore 17, Maryland

3. NAME OF DECEASED: (Type or Print) (First) ABRAHAM (Middle) WILLIAM (Last) MEYER

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Jewish

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: 1-5-1874

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): tailor

10b. KIND OF BUSINESS OR INDUSTRY: tailor

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Meyer

14. MOTHER'S MAIDEN NAME: Jenny (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mrs. Lillian Hoffman 2003 Callow Ave Baltol7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 177 X	(a) Arteriosclerotic Cardiovascular-renal disease	1 year plus
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO with azotemia	
	(b) DUE TO	
	(c) Possible metastatic carcinoma from prostate to bowels and kidney	7 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ?1947(by history) **19b. MAJOR FINDINGS OF OPERATION:** Prostatectomy; reportedly malignancy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-28, 19 53, to 3-2, 19 54, that I last saw the deceased alive on 3-2, 1954, and that death occurred at 10:50p m., from the causes and on the date stated above.

SIGNATURE Lindsey D. Campbell (DEGREE OR TITLE) ADDRESS DATE SIGNED March 2 54
Lindsey D. Campbell M. D. Spring Grove State Hospital, Baltimore 28, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3-3-54
NAME OF CEMETERY OR CREMATORY Rosedale
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 3-3-54
REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pl

RECEIVED
MAR 4
BUREAU V. S.

02354

X2373

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 36 York Road

3. NAME OF DECEASED (Type or Print): (First) SAHAG (Middle) (NMI) (Last) MOMJIAN

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 6-15-96

9. AGE Last birthday: 57 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Confectionery

11. BIRTHPLACE (State or foreign country): Naziz, Armenia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Momjian

14. MOTHER'S MAIDEN NAME: Ann Kamdigian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF RIGHT LUNG — Interval between onset and death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Feb. 18, 1954, to Mar. 14, 1954, and that death occurred at 11:40 P.m., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFF, M.D. (Degree or title)

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 3-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: MAR. 18, 1954

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3/16/54

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John Burns Sons

ADDRESS: 612 York Road, Towson, Md.

2374

02355

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 9-4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard,
MARYLAND LENGTH OF STAY (in this place): 209 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lakeshore, Pasadena
STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) (Last) MONSON

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11/2/71

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Monson

14. MOTHER'S MAIDEN NAME: Ida Dehlia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): SAW.

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp. Ft. Howard, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) CARCINOMA OF THE STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 13 MONTHS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/9/53

19b. MAJOR FINDINGS OF OPERATION: Exploratory Laparotomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 30, 19 53, to March 27, 19 54, that ~~I last saw the deceased on~~ and that death occurred at 5:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM H. VANDEGRIFT, M.D.

ADDRESS: VAH FT. HOWARD, MARYLAND

DATE SIGNED: 3/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Mar 30, 1954

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-29-54

REGISTRAR'S SIGNATURE: H.W. Hendricks Deputy

24. FUNERAL DIRECTOR: Howard Blight Funeral Home

ADDRESS: 6009 Harford Road, Baltimore 14, Md.

Mildred J. Blight

2375 (M)

02356

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 26yr.10mo.27day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown; STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) (Last) Montgomery

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 75? yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.2.2.1

Immediate cause (a): Cerebral accident — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Arteriosclerotic cardiovascular disease — Years

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 19 53, to March 19, 19 54, that I last saw the deceased alive on March 18, 19 54, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Deceased's Physician) Lucy A. Campbell M.D. ADDRESS Spring State Hosp. Baltimore 28 Md. DATE SIGNED 3/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-21-54 — NAME OF CEMETERY OR CREMATORY: Brethern Cemetery — LOCATION (City, town, or county) (State): Sampleville Manor Md.

DATE REC'D BY LOCAL REG.: 3-19-54 — REGISTRAR'S SIGNATURE: V.E. Farr

24. FUNERAL DIRECTOR: Lee B Keefe Wash Co. ADDRESS

MARGIN RESERVED FOR BINDING

I

MAR
BUREAU V. S.

2376

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02357

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7407 YORK ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) 7407 YORK ROAD

3. NAME OF DECEASED: (Type or Print) (First) C. (Middle) WILTON (Last) MOORE

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 5, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHARLES H. MOORE

14. MOTHER'S MAIDEN NAME: SADIE KIRWIN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 234-03-0166

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 44 X (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio Vascular — 15-Dec
DUE TO (c) Disease with Hypertension — 1950

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15-Dec, 1950, to 21-Mar., 1954, that I last saw the deceased alive on 21-Mar., 1954, and that death occurred at 5 45 AM, from the causes and on the date stated above.

SIGNATURE Chas W. Edwards (Degree or title) MD ADDRESS 2746 The Alameda DATE SIGNED 22-Mar-1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 3-24-1954
NAME OF CEMETERY OR CREMATORY: PARKWOOD
LOCATION (City, town, or county) (State): BALTO. CO. MD.

DATE REC'D BY LOCAL REGISTRAR 3-24-54
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: H.W. JENKINS & SONS CO. 4905 YORK RD.

VS. A15

2746 almeda Blvd

12377

02358

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 47

M

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard,
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1921 Eutaw Place ✓

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) F. (Last) MORELAND

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 5/26/68

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germantown, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Ostien

14. MOTHER'S MAIDEN NAME: Catherine Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If year, give war or dates of service) P.I.

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 6 Months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular Disease — Unknown

(c) Generalized Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Mar. 20, 1954, to Mar. 24, 1954, [illegible] and that death occurred at 7:10 A. m., from the causes and on the date stated above.

SIGNATURE F. Dickey (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, Chief, Medical Service FORT HOWARD, MARYLAND VAH 3-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/29/1954 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3/25/54 | REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck Funeral Home, 5305 Harford Road, Baltimore, Maryland

2378

02359

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 6 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 258 St. Helena Av -

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) F. (Last) Muse
4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10-23-1882
9. AGE last birthday: 71 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): electrician
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Nelson Muse
14. MOTHER'S MAIDEN NAME: Alta M- - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk
(If year, give war or dates of service): No
16. SOCIAL SECURITY No. 212-22-5946
17. INFORMANT AND ADDRESS: Mrs Mary Muse 258 St Helena Av. Dundalk Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Acute Coronary Obstruction	immediate
Antecedent cause(s)	(b) Coronary Arteriosclerosis	years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 22, 1954, to Mar 27, 1954, that I last saw the deceased alive on Mar 27, 1954, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE: Ethel B. Hermann-Drew M.D. (Degree or title) — ADDRESS: Spring Grove State Hosp Catonsville 28 Md — DATE SIGNED: Mar 27 54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 3-30-54 — NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE — LOCATION (City, town, or county): WASH. BLVD. — (State): Md.

DATE REC'D BY LOCAL REG. 3-30-54 — REGISTRAR'S SIGNATURE: V.E. Harry — 24. FUNERAL DIRECTOR: Nick Bros Bradley — ADDRESS: Hyattsville, Md.

RECEIVED
APR 1 19
BUREAU V. S.

12379

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(12360)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural) | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural)
STREET ADDRESS (If rural, give location) Falls Rd.

3. NAME OF DECEASED (Type or Print): (First) Chas. (Middle) EDWARD (Last) NAYLOR

4. DATE OF DEATH: (Month) Mar (Day) 4 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Apr 23, 1883 | 9. AGE last birthday: 70. yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: State Roads.
11. BIRTHPLACE (State or foreign country): Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. W. Naylor.
14. MOTHER'S MAIDEN NAME: Eliz. Cole.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Daisy Naylor, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 260X Coronary Artery Disease — 10 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive C-V. Disease — 10 yrs.

(c) Diabetes Mellitus — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: none.
19b. MAJOR FINDINGS OF OPERATION: none.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): none.

TIME OF INJURY (Month) (Day) (Year) (Hour): none. m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from 1-17, 1941, to 3-4, 1954, that I last saw the deceased alive on 2-27, 1954, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

SIGNATURE: D. D. Eagles. (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 3-6-'54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3-7-54 | NAME OF CEMETERY OR CREMATORY: Falls Rd. Chapel | LOCATION (City, town, or county) (State): Sparks, Md

DATE REC'D BY LOCAL REG. 3-6-54 | REGISTRAR'S SIGNATURE: Mary D. Sline.

24. FUNERAL DIRECTOR: J. Leo Brooks | ADDRESS: Sparks, Md.

RECEIVED
MAR 9 19
BUREAU V. S.

Film #G164 Item # 12 4/8/54 emf

2380

02361

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

~~FOR MEDICAL EXAMINERS~~

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dallo Md
STREET ADDRESS 3208 Glendale Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WANDA (Middle) AMANDA (Last) NICKLES
4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1954
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 6/3/1873
9. AGE last birthday 80 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Witzgall
14. MOTHER'S MAIDEN NAME Bertha Muller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hosp Records Augsburg Home Campfield Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Heart Disease with acute failure & Pulmonary Odema	4 yrs
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Carcinoma of Bladder	1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis of spine — 6 months.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Emil L. Chamberg. (Degree or title) M.D. ADDRESS 4108 Silent Hts. Baltimore 7 Md 3/31/54 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/3/54
NAME OF CEMETERY OR CREMATORY Forest Lawn Cem.
LOCATION (City, town, or county) Dallo Md (State)

DATE REC'D BY LOCAL REG. 4-2-54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Paul Hellmann ADDRESS 6067 Harford Rd

2381

02362

MARYLAND — STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Julie

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville; STREET ADDRESS (If rural, give location) Villa Julie, Valley Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sister Mary of St. James (Nora O'Leary)

4. DATE OF DEATH (Month) (Day) (Year): Mar. 24, 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 30, 1907

9. AGE last birthday: 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James O'Leary

14. MOTHER'S MAIDEN NAME: Mary Flaherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---; (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT AND ADDRESS: Villa Julie Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma - lung — Interval between onset and death: 2 Months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma - Sigmoid Mesentery. — 1½ years

(c) Carcinoma - liver. — 4 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1952

19b. MAJOR FINDINGS OF OPERATION: carcinoma- adeno- Sigmoid.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ..., 1952, to March ..., 1954, that I last saw the deceased alive on March 24, 1954, and that death occurred at 10:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold H Burns md 115 E. Dogue St March 25, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Mar. 26, 1954

NAME OF CEMETERY OR CREMATORY: Trinity Convent Com.

LOCATION (City, town, or county) (State): Ilchester Md.

DATE REC'D BY LOCAL REG. 3/30/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: George D. Talley Catonsville, Md.

ADDRESS

APR 2 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02363

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville 28
MARYLAND LENGTH OF STAY (in this place) 2 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines Conv. H.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 1324 Eutah Place

3. NAME OF DECEASED: (Type or Print) (First) Lucye (Middle) M. (Last) O'Meara

4. DATE OF DEATH: (Month) 3/26 (Day) (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: 9/4/1877 | 9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Sales Lady
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William O'Meara
14. MOTHER'S MAIDEN NAME: Mary Fletcher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Dr. Margaret Wilhelm

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Hemorrhage	3/14/54
DUE TO		
Anteceedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) General Arteriosclerosis C Hypertension	20 years
DUE TO		
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Hemorrhage	1/27/46

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24, 1944 to 3/26, 1954, that I last saw the deceased alive on 3/26, 1954, and that death occurred at 7:07 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Elliot W. Johnson MD ADDRESS 3432 Greenleaf Ave Balto 29 Md DATE SIGNED 3/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/30/54 | NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REGISTRAR 3-30-54 | REGISTRAR'S SIGNATURE V.E. Harvey
24. FUNERAL DIRECTOR Edgar Babb & Son ADDRESS Catonsville 28

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 1 19
BUREAU V.

02364

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (in this place): 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer Park Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): Deer Park Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Robert (Last) Owings

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 20, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Owings

14. MOTHER'S MAIDEN NAME: Lucretia Crooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Sheldon Owings Glyndon Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

241X
Immediate cause (a) Cardiac Decomp. — 1 yr.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
929.1
(b) Asthma — 20 Mrs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fract. Rt. Hand, ribs, Lac. chinn. — 1 day

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY: Farm

21c. (City or town) Reisterstown (County) Baltimore (State) Md.

21d. TIME (Month) OF INJURY: 3 (Day) 23 (Year) 54 (Hour) 9 A. M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Ran over by run away horses with drill

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: D. D. Eagles. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 3/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March 27/ 54 - NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery
LOCATION (City, town, or county) Reisterstown (State) Md.

DATE REC'D BY LOCAL REG. 3-26-54
REGISTRAR'S SIGNATURE: Mary B. Sline

24. FUNERAL DIRECTOR ADDRESS: Wm Berryman & Sons - Reisterstown Md.

MAR 29 1954
BUREAU V. S.

2384

02365

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rolling Rd. & Windsor Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville
STREET ADDRESS (If rural, give location) Rolling Rd. and Windsor Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) G. (Last) OWINGS
4. DATE OF DEATH: (Month) Mar. (Day) 21 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	Married	Sept. 23, 1890	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Maryland	

13. FATHER'S NAME: Emory Zimmerman
14. MOTHER'S MAIDEN NAME: Lydia Beaumont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mr. Henry A. Owings-Rolling Rd. & Windsor Mill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 442X / Cerebral Hemorrhage — Interval between onset and death: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vascular renal disease — Interval between onset and death: For past several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/5 ....., 19 53, to 3/20 ....., 19 54, that I last saw the deceased alive on 3/15 ....., 19 54, and that death occurred at 10:30 A .m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS 4710 [illegible] DATE SIGNED 3/22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/23/54	Mt. Olive Cem.	Randallstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR'S ADDRESS
		[illegible] Balto 17, Md.

VS. A15

2385

02366

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3001 Belmont Avenue

3. NAME OF DECEASED (Type or Print): (First) LEON (Middle) (NMI) (Last) PAULIS

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-18-98

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Tailor Shop

11. BIRTHPLACE (State or foreign country): Siatore, Lithuania

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Anthony Paulis

14. MOTHER'S MAIDEN NAME: Winfred Pauch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a).... CARCINOMA OF LEFT LUNG — Interval between onset and death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).... (c)....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23 ..., 1954., to Mar. 17..., 19.54., and that death occurred at 11:40 P.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) WILLIAM B. VANDEGRIFT, M.D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 3-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 3-19-54

NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

LOCATION (City, town, or county) (State): Waterbury, Connecticut

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR AND ADDRESS: Howard Blight Funeral Home, 6009 Harford Rd., Baltimore, Maryland

Mildred F. Blight

SHIPPED TO: John Deliniks Funeral Home, 17 Congress Avenue Waterbury Connecticut

Film G168 Item 8,9 4/5/54 emf

2264

The correct age is 94

02367

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. is especially important.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 6 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3018 DUNLEER Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 3018 DUNLEER Rd.

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) COLESCOTT (Last) PIPPIN

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1954

5. SEX: FEM.

6. COLOR OR RACE: WH.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: OCT. 20, 1858

9. AGE last birthday: 95 yrs.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): DELAWARE

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wm. H. COLESCOTT

14. MOTHER'S MAIDEN NAME: ELIZABETH CONELY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. DE. MEREDITH - SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1948, to May 27, 1954, that I last saw the deceased alive on May 7, 1954, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold H Andrew MD 33 Dundalk Ave Dundalk Md 3/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: 3-31-54

NAME OF CEMETERY OR CREMATORY: ODD FELLOWS CEM.

LOCATION (City, town, or county) (State): CAMDEN, DEL.

DATE REC'D BY LOCAL REG.: March 29-1954

REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR: Walter Burden Brady

ADDRESS: Dundalk Md

RECEIVED
MAR 20 19
BUREAU V.

2386

02368

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw P.O.
LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bradshaw Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw P.O.
STREET ADDRESS (If rural, give location) Bradshaw Rd

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) Ann (Last) Raspe

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 27th 1876

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): BALTO. CITY MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John McKenna

14. MOTHER'S MAIDEN NAME: Jane Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Wm F. Raspe. Bradshaw. P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) Heart disease, acute congestive failure — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Ballin O. Hudson (Degree or title) M.D. P.M.E. ADDRESS: Towson Md DATE SIGNED: 3/18/54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 3/20/54

NAME OF CEMETERY OR CREMATORY: St. Stephens. Cem.

LOCATION (City, town, or county): Kingsville (State): MD

DATE REC'D BY LOCAL REG.: 3/19/54

REGISTRAR'S SIGNATURE: Ann Hedrick Dunn

24. FUNERAL DIRECTOR: Cassahn Funeral Home ADDRESS: 7401 Belair Rd

BALTO. 6. MD

02369

2387

MARYLAND — STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pleasant Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Pleasant Hill

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Lawrence (Last) Redifer
4. DATE OF DEATH (Month) (Day) (Year): March 10, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 8, 1899
9. AGE last birthday: 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Refrigeration
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Baltimore County
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William L.Redifer
14. MOTHER'S MAIDEN NAME: Carrie Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-18-1187
17. INFORMANT AND ADDRESS: Laura A.Redifer, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Thrombosis — Sudden

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza — much
(c) Hypertension — months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION: /
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): /
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: /
(CITY OR TOWN) / (COUNTY) / (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): / m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1- HD, to 3-10-54, that I last saw the deceased alive on 3-6-54, and that death occurred at 940 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) James A. Duffell M.D. ADDRESS Reisterstown Md. DATE SIGNED 3-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: March 12/54
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 3-11-54
REGISTRAR'S SIGNATURE: Mary B. Eline.
24. FUNERAL DIRECTOR / ADDRESS: J.F.Eline & Sons, Reisterstown, Md.

RECEIVED
MAR 15 1
BUREAU V. S.

2388

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02371

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural: Towson
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore - 24
STREET ADDRESS (If rural give location): 3038 Hudson Street

3. NAME OF DECEASED: (Type or Print) (First) Anthony (Middle) (Last) Raitober

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 11, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cap Maker

10b. KIND OF BUSINESS OR INDUSTRY: Crown Cork+Seal

11. BIRTHPLACE (State or foreign country): Yugoslavia

12. CITIZEN OF WHAT COUNTRY? Yugoslavia

13. FATHER'S NAME: Carlo Raitober

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 603-50-5932

17. INFORMANT & ADDRESS: Personal History Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 1/12/53 (?) - 3/54

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of Lung — ? 1953 - 7/54

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10 ....., 19 54, to 3/7 , 19 54, that I last saw the deceased alive on 3/7 , 19 54, and that death occurred at 3/7/54 , from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton B. Kress — ADDRESS: Eudowood Sanatorium - Towson 4, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 3-11-54 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Belair Rd - Md.

DATE REC'D BY LOCAL REGISTRAR: 3-6-54 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR: John J. Linde, Inc. — ADDRESS: 2829 Huder St.

J 155

12273

02372

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
LENGTH OF STAY (in this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3314 Wash Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bloomfield Halethorpe
STREET ADDRESS (If rural, give location): 3314 Wash Blvd

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) (Last) Reitz

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 26, 1872

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Bechtel

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. J. Reitz 3314 Wash Blvd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial insuff — Interval Between Onset and Death: 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 yrs

(c) Senility — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile Debility — Weak

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1954 to March 26, 1954, that I last saw the deceased alive on March 25 1954, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Physician — 3609 main St Halethorpe Md — 3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 3-29-54 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Edward Loudon 2355 Wash Blvd Balto Md

2389

MARYLAND STATE DEPARTMENT OF HEALTH

02373

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE — LENGTH OF STAY (In this place) 6 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 HILLTop Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 617 HILLTop Road.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) HENRY (Last) TERR.

4. DATE OF DEATH: (Month) MARCH (Day) 8 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 25, 1859

9. AGE last birthday: 94 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping CLERK

10b. KIND OF BUSINESS OR INDUSTRY: GROCERIES

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UnKnown

14. MOTHER'S MAIDEN NAME: UnKnown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MARIE KLEMAN 617 HILLTop Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1.51X

Immediate cause (a) Carcinoma of Stomach C — 2 Months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1954, to 3/8, 1954, that I last saw the deceased alive on 3/6, 1954, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elliott D Johnson MD — ADDRESS 6432 Frederick Ave Balto Md 29 Md — DATE SIGNED 3/9/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	March 11, 1954	Loudon PARK	BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-12-54	V.E. Harry	George L. Schwab	2101 Ludwick Ave. Baltimore, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR
BUREAU V. S.

2390

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02370

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 5 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Seton Institute

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Reiselman

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1954

5. SEX: M

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: March 15 1886

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): odd jobs

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Reiselman

14. MOTHER'S MAIDEN NAME: Anna Laake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Miss Carrie Reiselman 445 N. Lakewood Ave. Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — 420.1 — (a) Coronary Occlusion — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerotic Cardiovascular disease — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1954, to March 7, 1954, that I last saw the deceased alive on March 7, 1954, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Arthur M Hansen M.D. Spring Grove State Hospital March 7 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF March 11, 54

NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-8-54

REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Baltimore St.

2391

MARYLAND STATE DEPARTMENT OF HEALTH

02374

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 35yr. 10mo. 14days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS Unknown (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Ritchie
4. DATE OF DEATH (Month) March (Day) 18, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1891
9. AGE last birthday: 63? yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Italy?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 904.7 (a) Subdural hematoma

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Contusion of brain

(c) Skull fracture

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE, WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital | (CITY OR TOWN) Catonsville | (COUNTY) Baltimore | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) March 17, 1954 Unk. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? Unknown

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE (Degree or Title) ADDRESS — DATE SIGNED
[signature] M.D. 1010 Leeds Avenue, Arbutus 3-19-54

BURIAL, CREMATION OR REMOVAL | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Cremation | 3-23-54 | Spring Grove State Hosp. | Catonsville 28 Md.

DATE RECD BY LOCAL REG. 3/24-54 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR | ADDRESS Spring Grove State Hospital

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. A.D.A.

2392

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02375

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville
LENGTH OF STAY (In this place): 49 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Powers Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville
STREET ADDRESS (If rural give location): Powers Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Fox (Last) Roberts

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 31, 1867

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward H. Roberts

14. MOTHER'S MAIDEN NAME: Elizabeth Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. John F. Roberts, Cockeysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
450.1 Immediate cause	(a) Generalized arteriosclerosis	4 years.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) with early gangrene Rt foot. DUE TO	2 days.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: rheumatoid authritis — 20 years.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1952, to March, 1954, that I last saw the deceased alive on March 4, 1954, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elizabeth B. Merrill M.D. — ADDRESS: Cockeysville, Md. — DATE SIGNED: 3/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** Mar. 7, 1954 — **NAME OF CEMETERY OR CREMATORY:** Providence Methodist Cem. — **LOCATION (City, town, or county) (State):** Providence, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 8 March 1954 — **REGISTRAR'S SIGNATURE:** Anne Armistead MacRae

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland — **ADDRESS**

RECEIVED
MAR 10 1954
BUREAU V. S.

2398

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02376

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glencoe
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Nora (Last) Roth

4. DATE OF DEATH: (Month) March (Day) 5, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Jan. 17, 1875

9. AGE Last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Strodthoff

14. MOTHER'S MAIDEN NAME: Wlihelmina Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Miss Eleanor Roth Glencoe,, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
153X Immediate cause	(a) Bronchial Pneumonia	48 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Carcinoma lung metastatic	1 month
DUE TO	(c) Carcinoma cecum	14 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/6/53, 1/8/54 **19b. MAJOR FINDINGS OF OPERATION:** Carcinomatosis from primary source in Caecum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1954, to 3/5, 1954, that I last saw the deceased alive on 3/5, 1954, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Martin E. Strobel M.D. Reisterstown, Md. 3/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 8, 1954 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 3-8-54 — REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS: John O. Mitchell & Sons 1900 Eutaw Place

RECEIVED
MAR 11 19[illegible]
BUREAU V. S.

2270

Film #G164 Item # 2 4/19/54 emf

02377

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cradock Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY unknown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 1900 North East Ave unknown

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Russell

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ?

8. DATE OF BIRTH: ?

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Cradock Home 1900 North East Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 1638 Cancer of right Lung

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1953, to Mar 24, 1954, that I last saw the deceased alive on Mar 18, 1954, and that death occurred at 4-30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. Woolridge Jr M.D. ADDRESS R4 Box 212 Elkridge DATE SIGNED Mar 24 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/31/54

NAME OF CEMETERY OR CREMATORY: Mt Calvery

LOCATION (City, town, or county) (State): Brooklyn Md

DATE REC'D BY LOCAL REG. 3/30/54

REGISTRAR'S SIGNATURE Wal. Mearle

24. FUNERAL DIRECTOR: Elroy Wilson ADDRESS 1000 Brantley Ave

3-22-54

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

2394

02378

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 183 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1409 Aisquith Street

3. NAME OF DECEASED (Type or Print): (First) BARNEY (Middle) I. (Last) SACHS

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/4/92

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jobber

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Siamon S Sachs

14. MOTHER'S MAIDEN NAME: Dora Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes

(If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin Rec.Vet.AdmsHosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c)..

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/1/53

19b. MAJOR FINDINGS OF OPERATION: Craniotomy, cerebral angiogram, tracheostomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Sept 9 ..., 53 ..., to Mar 11 ..., 19 54 and that death occurred at 8:40 P.m., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M. D. (Degree or title)

ADDRESS: VAH, Fort Howard, Md.

DATE SIGNED: 3/12/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3-15-54

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Balto, Maryland

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Jack Lewis Funeral Home

ADDRESS: 2100 Eutaw Place Balto, Maryland

8.m.m esc-y

02379

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Mt. Washington
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1206 Fairfield Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Washington
STREET ADDRESS (If rural give location): 1206 Fairfield Avenue

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) Robert (Last) Sanders

4. DATE OF DEATH: (Month) March (Day) 15, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 12, 1908

9. AGE last birthday: 45 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Lieut. Fire Department

10b. KIND OF BUSINESS OR INDUSTRY: Baltimore Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? Baltimore

13. FATHER'S NAME: Harry Sanders

14. MOTHER'S MAIDEN NAME: Bertha Durham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Mrs. Florrie P. Sanders, 1206 Fairfield Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 162X Bronchogenic Carcinoma

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: 1 yr. 12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/13/52

19b. MAJOR FINDINGS OF OPERATION Inoperable Bronchogenic Carcinoma

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952, to March 15, 1954, that I last saw the deceased alive on March 12, 1954, and that death occurred at 5.40 P.M. from the causes and on the date stated above.

SIGNATURE: J. Frank Supplee III (Degree or title) M.D — ADDRESS: 1014 St Paul St, Balt 2 — DATE SIGNED: 3/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: March 18, 1954

NAME OF CEMETERY OR CREMATORY: Druid Ridge

LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3-17-54

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Burgee Funeral Home — ADDRESS: 3631 Falls Road

Horace F. Burgee

2396

12380

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 800 Forte Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 800 Foote Rd.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Henry (Last) Schneider Sr.

4. DATE OF DEATH (Month) Mar (Day) 18 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct 27-1896	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Office Clerk	Furniture Store	Balto., Md.	

13. FATHER'S NAME: Frederick Schneider
14. MOTHER'S MAIDEN NAME: Katherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Mary Schneider (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion.	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H. McLearnie M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED 3/18/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 23-54	U.S. National Cem.	Balto., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-22-54	A W Hedrick	John G. Connelly - 418 Eastern Ave	Balto 21. Md.

VS. A15A - 5 - 53

02381

397

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 1 yr 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2836 Clifton Park Terrace

3. NAME OF DECEASED (Type or Print): Herman (First) (Middle) Schrodetzki (Last)
4. DATE OF DEATH: March (Month) 10 (Day) 1954 (Year)

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 1-18-83
9. AGE last birthday: 71 y — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Schrodetzki
14. MOTHER'S MAIDEN NAME: Wilhelmina Radke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Coronary thrombosis — 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
Antecedent cause(s) (b) Arteriosclerotic cardiovascular disease
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour):
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2 1954, to Mar 10 1954, that I last saw the deceased alive on Mar 9, 1954, and that death occurred at 3:04 p.m., from the causes and on the date stated above.
SIGNATURE Theodore M. Udell, M.D. (Degree or title) ADDRESS Spring Grove St. Hosp., Balto., 28, Md DATE SIGNED 3/10/54

23. BURIAL [redacted] (Specify): DATE 3/13/54 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG. 3-10-54 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: Wm J. Tuckner & Son — ADDRESS:

-51

2398

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12382

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; MARYLAND; LENGTH OF STAY (in this place) 24 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8725 Old Harford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural, give location) 8725 Old Harford Rd

3. NAME OF DECEASED (Type or Print): (First) Augusta (Middle) M. (Last) Schwanebeck

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 26 - 1859

9. AGE last birthday: 94 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Un Known

14. MOTHER'S MAIDEN NAME: Un Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Rudolf Schwanebeck 8725 Old Harford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Generalized Debitalation

Antecedent cause (g) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Rectum

(c) Old Age

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1954, to Mar 18, 1954, that I last saw the deceased alive on Mar 18, 1954, and that death occurred at 3:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank L. Kark, MD ADDRESS 9005 Harford Rd DATE SIGNED 3/19/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: March 20, 1954

NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery

LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG. 3/19/54

REGISTRAR'S SIGNATURE: A.M. Bacon

24. FUNERAL DIRECTOR: Chas F Evans & Son ADDRESS: 8802 Harford Rd.

VS. A15

RECEIVED
MAY 21 1951
BUREAU V. S.

Film G152 Item # 3,13,14 5/19/54 emf

2329

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12383

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) 6811 Campfield Rd

3. NAME OF DECEASED: (First) (Middle) (Last)
(Type or Print) [illegible] A. Schweinsberg

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 19 54

5. SEX: F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: [illegible] | 9. AGE last birthday: IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | 93 Y.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None | 10b. KIND OF BUSINESS OR INDUSTRY: Nov. 26-1860 | 11. BIRTHPLACE (State or foreign country): Baltimore Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Schweinsberg | 14. MOTHER'S MAIDEN NAME: Susanna unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Wards 6811 Campfield Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.0 - Bilateral Broncho-pneumonia — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterio - Sclerotic Heart Disease with Auricular Fibrillation — 5 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ....., 19 39, to March, 19 54, that I last saw the deceased alive on March 2, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Earl L. Chambers M.D | 4108 Liberty Hts Ave. Baltimore 7 Md | 3/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/6/54 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR March 6 1954 | REGISTRAR'S SIGNATURE J.K.W. | 24. FUNERAL DIRECTOR Chas. A. Hellmann | ADDRESS 6067 Harford Rd

VS. A15

2400

02384

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3yrs 8mo 20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1708 Eaton Place

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Seike

4. DATE OF DEATH (Month) March (Day) 20 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 9/20/1877

9. AGE last birthday 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Seike

14. MOTHER'S MAIDEN NAME Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-23-54

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 5 min

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease — Years

(c) Arteriosclerosis, generalized — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30/1950, to 3/20/1954, that I last saw the deceased alive on 3/20/1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John P. Kirley MD ADDRESS Spring Grove State Hospital DATE SIGNED March 20, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 3/24/54 — NAME OF CEMETERY OR CREMATORY Salem Church Cemetery — LOCATION (City, town, or county) Catonsville (State) Md

DATE REC'D BY LOCAL REG. 3-23-54 — REGISTRAR'S SIGNATURE T.E. Harry

24. FUNERAL DIRECTOR ADDRESS Mac Crabb & Son Catonsville 28 Md.

RECEIVED
MAR 20 1954
BUREAU V. S.

24011

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02385

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8210 Loch Raven Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
STREET ADDRESS (If rural give location): 8210 Loch Raven Blvd

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) Agnes M. (Last) Seipp

4. DATE OF DEATH: (Month) March (Day) 24th (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan. 24, 1873

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Henry

14. MOTHER'S MAIDEN NAME: Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Joseph Henry Seipp, 3500 Echodale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X
Immediate cause (a) Cerebral Apoplexy
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis, Hypertension
DUE TO
(c) Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/1/54 to 3/24/54, that I last saw the deceased alive on 3/23/54, and that death occurred at 8:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John A. Schenuit MD — ADDRESS: 1337 S. Charles St. Baltimore, Md — DATE SIGNED: 3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/27/54 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR —

REGISTRAR'S SIGNATURE —

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

2402

02386

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

USE WHITE PLAYNLY WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 2yr.1mo.10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) (Last) Sharp, Jr.

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 5-2-1914

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Sharp, Sr.

14. MOTHER'S MAIDEN NAME: Cornelia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Record Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331/X

Immediate cause (a) Intracranial pressure due to hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobotomy performed March 15, 1954

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY [ ] or CONTRIBUTING [ ] CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OR office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22 I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find the said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.

SIGNATURE Lester M. Kieffer M.D. Resident Baltimore — ADDRESS 1910 Leeds Avenue, Arbutus, Md. — DATE SIGNED 3-16-54

CREMATION (USA - Specify) — DATE THEREOF 3-19-54 — NAME OF CEMETERY OR CREMATORY St Thomas — LOCATION (City, town, or county) Belalton (State)

DATE REC'D BY LOCAL REG. 3/18/54 — REGISTRAR'S SIGNATURE Sylvia H. Vasey Asst Clerk

24. FUNERAL DIRECTOR — ADDRESS Emmett J. Ryon [illegible]

VS AIGA

REC
MAR

V. S.

2403

M

MARYLAND

02387

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Landsdowne
STREET ADDRESS (If rural, give location): 413 4th Avenue

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) F (Last) SHERMAN

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/25/69

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Shop Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): CW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

72 + X

Immediate cause (a) GENERALIZED SENILITY — Interval between Onset and Death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Mar 2, 19 54 to Mar 13, 19 54, and that death occurred at 1:40 P. m., from the causes and on the date stated above.

SIGNATURE: William B Vande Grift, M.D.
(Degree or title)
ADDRESS: VAH, Fort Howard, Maryland
DATE SIGNED: 3/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3/16/54
NAME OF CEMETERY OR CREMATORY: Meadow Ridge Cemetery
LOCATION (City, town, or county) (State): Balto, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John F Denny Funeral Home
ADDRESS: Light & Montgomery St. Balto, Md.

2404

02388

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1913 Wildwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 1913 Wildwood Avenue

3. NAME OF DECEASED (Type or Print): (First) Mr. Charles (Middle) W. (Last) Shew

4. DATE OF DEATH: (Month) March (Day) 22nd (Year) 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 22, 1880

9. AGE last birthday: 74 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elect. Cont

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Port Deposit, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Shew

14. MOTHER'S MAIDEN NAME: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-22-4770

17. INFORMANT AND ADDRESS: Mrs. Mamie Shew, 1913 Wildwood Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Acute coronary occlusion — Interval between onset and death: 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1954, to March 20, 1954, that I last saw the deceased alive on March 20, 1954, and that death occurred at 3.50 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 7122 Harford Rd Baltimore DATE SIGNED 3/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Mar. 25, 1954

NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Park

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-22-54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: Leonard J. Mack

ADDRESS: 5305 Harford Road #14

Dr. Skloven
7122 Harford Road
9-10

240 57

02389

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govey
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9008 Simms Ave Balto 6.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
STREET ADDRESS (If rural, give location) 9008 Simms Ave Balto. 6. MD

3. NAME OF DECEASED (Type or Print): (First) John (Middle) T (Last) Simms

4. DATE OF DEATH: (Month) March (Day) 31st (Year) 1954

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 16th 1878

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: own Business

11. BIRTHPLACE (State or foreign country): Balto. County MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Simms

14. MOTHER'S MAIDEN NAME: Cordelia Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 212-14-3339

17. INFORMANT AND ADDRESS: Mrs J. T. Simms 9008 Simms Ave. Balto. 6.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset and Death: 24 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Severe

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1/53, to 3/31/54, that I last saw the deceased alive on 3/31/54, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) Frank T. Kanik M.D. ADDRESS 9305 Harford Rd DATE SIGNED 4/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/3/54 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem. — LOCATION (City, town, or county): Balto. — (State): MD

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR AND ADDRESS: Lassahn Funeral Home 7401 Belair Rd Balto. 6. MD.

Dr. KASIK
HARFORD Rd. - 9005

2406

02390

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Gerard Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 6 Gerard Ave.

3. NAME OF DECEASED: (First) Lyrease (Middle) (Last) Smith
4. DATE OF DEATH (Month) March (Day) 14 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	Single	Sept. 30. 1953	5 months	5			

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Towson, Md.	U. S. A.

13. FATHER'S NAME: Raymond Smith
14. MOTHER'S MAIDEN NAME: Bettie Batty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Raymond Smith - 6 Gerard Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Interstitial Pneumonia
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
		Natural

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William N. Lovett M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 3/14/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/17/54	Pleasant Rest	Towson, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-15-54	A. D. Redmond Dmc	Wm. I. Chatman, Jr. - 1201 McCulloh	Balto, Md. St.

5093228 36X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

2407

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02391

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OTHO RIDGE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) OTHO RIDGE ROAD

3. NAME OF DECEASED: (Type or Print) (First) EDER (Middle) JOSEPH (Last) SNYDER

4. DATE OF DEATH: (Month) MARCH (Day) 2, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: MARCH 27, 1875

9. AGE last birthday: 78 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): STREET CAR MOTORMAN-RET.

10b. KIND OF BUSINESS OR INDUSTRY: BALTO. TRANSIT CO.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH SNYDER

14. MOTHER'S MAIDEN NAME: ELIZABETH SNYDER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) CEREBRAL HEMORRHAGE
DUE TO
Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 11 DAYS-

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20 1954 to MAR 2, 1954, that I last saw the deceased alive on MAR 2, 1954 and that death occurred at 4 30 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) Courtney F Caruggia M.D. ADDRESS 5217 YORK DATE SIGNED Mar. 4 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: MAR. 6, 1954
NAME OF CEMETERY OR CREMATORY: PARKWOOD CEMETERY
LOCATION (City, town, or county) (State): PARKVILLE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Mar. 4, 1954
REGISTRAR'S SIGNATURE: Mabel C. Gray
24. FUNERAL DIRECTOR: JOHN BURNS' SONS, TOWSON, MARYLAND ADDRESS

VS. A15

MAR 5
BUREAU V.

240

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12392

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Milford; LENGTH OF STAY (In this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7500 Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Milford; STREET ADDRESS (If rural, give location) 7500 Liberty Road.

3. NAME OF DECEASED (Type or Print): (First) MOLLIE (Middle) BELLE (Last) SNYDER

4. DATE OF DEATH: (Month) March, (Day) 19th (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 21 1885

9. AGE last birthday: 68 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elisha Nelson

14. MOTHER'S MAIDEN NAME: Katherine Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: George Edward Snyder 7500 Liberty Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestion of Lungs — Interval Between Onset and Death: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Degenerative Cardio Vas. Disease

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Cardio Vas. Disease +

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 53, to March 19 54, that I last saw the deceased alive on 3-19, 19 54, and that death occurred at 2.55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr Thos J Ritter M.D. 3-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: Mar. 22 1954

NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

LOCATION (City, town, or county) (State): Randallstown, Balto. Co. Md.

DATE REC'D BY LOCAL REG. 3-22-54

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR ADDRESS: Willis Amoraw 4510 Liberty Heights Ave

2409

MARYLAND STATE DEPARTMENT OF HEALTH 02393

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4/0

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Mr. Whitemarsh; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS None.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutextant Valley, Id; STREET ADDRESS (If rural, give location) rutextant Laval Case, N Y

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ronald	F	Stahl	March	22	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Wh. Te	S	July 1, 1934	19 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U. S. Navy	U S Navy	Bronx, New York	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Philip Stahl	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes.		U. S. Navy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured L. Humerus

(c)

2167

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Public Highway	Whitemarsh	Balto	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
3-22-54 6:00 a.m.		Was Car involved in Standing Vehicle Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] MC	Dept Med Exam	Silverdale-nr-Mt	3-26-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
removal	3-26-54	Cedar Park	Paterson, New Jersey

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
MAR 24 1954	A. W. Bedard, Asst. Registrar	Edward A. Martin	[illegible] Place

RECEIVED
1934
U. S.

2110

02394

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bengies - Balto Co. Md.
LENGTH OF STAY in this place
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bengies Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Stokes

4. DATE OF DEATH: (Month) Mar (Day) 8 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 11 1885

9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Stokes

14. MOTHER'S MAIDEN NAME: Alice ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Bertrude Stokes (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J M Learning M. D. Balto Co Dundalk 2 Md 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: March 11/54 | NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery | LOCATION (City, town, or county) (State): A. A. County Md.

DATE REC'D BY LOCAL REG. 3-9-54 | REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Mrs. Robert A. Ellis & Daughter 1129 N. Caroline St.

VS. A15A

2411

MARYLAND STATE DEPARTMENT OF HEALTH

02395

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balt. [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] | LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt. [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX: [illegible] | 6. COLOR OR RACE: [illegible] | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible] | 8. DATE OF BIRTH: [illegible] | 9. AGE last birthday: [illegible] yrs. | If under 1 year: Months [illegible] Days [illegible] | If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible] | 10b. KIND OF BUSINESS OR INDUSTRY: [illegible] | 11. BIRTHPLACE (State or foreign country): [illegible] | 12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible] | 14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] | (If year, give war or dates of service) [illegible] | 16. SOCIAL SECURITY NO. [illegible] | 17. INFORMANT AND ADDRESS: Margaret Harris Ferdinand [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure — Interval Between Onset and Death: [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary vascular disease — [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible] | 19b. MAJOR FINDINGS OF OPERATION: [illegible] | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): [illegible] | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: [illegible] | (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) [illegible] (Day) [illegible] (Year) [illegible] (Hour) [illegible] m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from Jan 53, 19[illegible], to Mar 9, 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 12:45 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) MD ADDRESS 1010 London DATE SIGNED Mar 10 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE [illegible] | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE RECD BY LOCAL REG. 3-12-54 | REGISTRAR'S SIGNATURE V.E. Harry | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

RECEIVED
BUREAU V. S.

2412

MARYLAND STATE DEPARTMENT OF HEALTH

02396

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ..... (.....)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS #580 Bird River Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) #580 Bird River Rd

3. NAME OF DECEASED (Type or Print): (First) Audra (Middle) M (Last) Taeuber

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 9 1908

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucking Business

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): W. Va

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm Duckworth

14. MOTHER'S MAIDEN NAME: — Isaacs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: — —

17. INFORMANT AND ADDRESS: Mrs Jessian Britton 580 Bird River Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17.x

Immediate cause (a) Carcinoma of Cervix — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Terminal Vaginal Haemorrhage — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1954, to March 30 1954, that I last saw the deceased alive on March 30, 1954, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: M Bruce Gardner (Degree or title) MD ADDRESS: Balto DATE SIGNED: March 30/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4/2/54

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 4-2-54

REGISTRAR'S SIGNATURE: A W Nelson

24. FUNERAL DIRECTOR: Lansdale Funeral Home ADDRESS: 7401 Belair Rd

02397

2413

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Mt. Wilson
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ocean City, Md.
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) LUCY (Middle) (Last) TAYLOR

4. DATE OF DEATH (Month) Mar (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 22, 1896.

9. AGE Last birthday: 57 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Dames Quarter, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Elliott

14. MOTHER'S MAIDEN NAME: Cecelia Missich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mt Wilson State Hosp. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
016X Immediate cause	(a)	Diabetes	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 260X	DUE TO (b)	Renal Tuberculosis.	3 mo.
	DUE TO (c)	Uremia.	2 mo.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None

19a. DATE OF OPERATION: None. **19b. MAJOR FINDING OF OPERATION:** None.

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY None.

21c. (City or town) None. (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? None.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Eyles M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-26-'54.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 3/29/54
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) (State) Berlin, Maryla

DATE REC'D BY LOCAL REG. 3/27/54
REGISTRAR'S SIGNATURE Helen M. Kerr
24. FUNERAL DIRECTOR Frank D. Hurley ADDRESS Berlin, Md.

APR 2 1954

2414

02398

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 646 Aldershot Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 646 Aldershot Road

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Allen (Last) Trombley

4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 6, 1892

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electric Welder

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.

11. BIRTHPLACE (State or foreign country): Uniontown Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Trombley

14. MOTHER'S MAIDEN NAME: Minerva Swift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-1809

17. INFORMANT & ADDRESS: Mary Trombley 646 Aldershot Road-29

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Acute Coronary occlusion — Interval Between Onset and Death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteriosclerotic Heart Disease — Interval Between Onset and Death: unknown

DUE TO

(c)

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1954, to March 28, 1954, that I last saw the deceased alive on March 28, 1954, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Fred J. Gaver M.D. 1 Mallow Hill Ave. 3/29/54

23. BURIAL / CREMATION / REMOVAL (Specify): Burial — DATE THEREOF Mar 31. 1954 — NAME OF CEMETERY OR CREMATORY Woodlawn Cem — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 3-29-54 — REGISTRAR'S SIGNATURE H. J. Hedrick — **24. FUNERAL DIRECTOR** John F. Deufel — ADDRESS 5311 Edmondson Ave.

Drew

2415

(2399)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9/2 Pennsylvania Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 912 Pennsylvania Ave.

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Beatrice Knight (Last) Tucker

4. DATE OF DEATH: (Month) Mar. (Day) 20, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 12, 1898

9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Calvin Knight

14. MOTHER'S MAIDEN NAME: Mary Agnes Blanc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: Mr. Vaughn L. Tucker 912 Pennsylvania Ave.-Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: days.

Antecedent cause(s) DUE TO (b) Cerebral Hypertension — ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from March 12 19.54, to March 20, 19.54, that I last saw the deceased alive on Mar. 20 54, 19....., and that death occurred at 9 10 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Glenford P. Summerden M.D. 2309 Druid Hill Ave 3-22-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar. 23 1954 — NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk. — LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 3-22 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Copeland Funeral Home — ADDRESS 1631 Druid Hill Ave

241

02400

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 38 Crofton Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex R 4
STREET ADDRESS (If rural, give location) 38 Crofton Rd.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) WAGNER

4. DATE OF DEATH: (Month) MAR. (Day) 22 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Jan. 1-1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Con. Co.

11. BIRTHPLACE (State or foreign country): Balto Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: Helena Kail

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Acute Myocardial Failure	48 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease	?
DUE TO		
	(c) Malnutrition, Avitaminosis	2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Essex (COUNTY) Balto (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15, 1954, to Mar. 22, 1954, that I last saw the deceased alive on Mar. 22, 1954, and that death occurred at 9.20 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Eugene P. Shanahan M.D. 413 Eastern Ave, Balto 21, Md March 23, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-24-1954

NAME OF CEMETERY OR CREMATORY Mt Carmel Cem.

LOCATION (City, town, or county) Balto. (State) Md

DATE REC'D BY LOCAL REG. 3-24-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Jno. J. Connelly ADDRESS 418 Eastern Ave Balto 21 Md.

02401

2417

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1708 EDMONDSON AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 1708 EDMONDSON AVE.

3. NAME OF DECEASED (Type or Print): (First) HANNA (Middle) (Last) WALSH

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W, D or W

8. DATE OF BIRTH: SEPT. 6, 1882

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): IRELAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS CARROLL

14. MOTHER'S MAIDEN NAME: CATHERINE O'BRIEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: William Taylor - 1708 Edmondson Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac failure with pulmonary oedema — Interval between onset and death: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic C.V. Disease — 10 yrs

(c) Diabetes mellitus — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ., 1954, to March 29, 1954, that I last saw the deceased alive on Mar 29 1954, and that death occurred at 12.50P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John F. Callahan M.D. ADDRESS 420 Wilkens Ave DATE SIGNED 3/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE April 1, 1954 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cem. — LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. 3-30-54 — REGISTRAR'S SIGNATURE C. E. Harvey

24. FUNERAL DIRECTOR George A. Talley Catonsville Md. ADDRESS

2418

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02412

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cockeysville Md — LENGTH OF STAY (in this place) 8 yrs 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worcester Mass.
STREET ADDRESS (If rural, give location) 628 W. Boylston St

3. NAME OF DECEASED: (First) Bertha (Middle) W (Last) Weihrauch
4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Widow
8. DATE OF BIRTH: Feb. 22-1872
9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: small Candy Store
11. BIRTHPLACE (State or foreign country): Worcester Mass
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edw. E. Spearman
14. MOTHER'S MAIDEN NAME: Francis Lyle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause — (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteriosclerotic Cardiovascular disease — over 8 yrs
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19 47 to Mar 22 19 54 that I last saw the deceased alive on March 1, 1954, and that death occurred at 1:45 P.M., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) Walter T. Cue M.D. ADDRESS Cockeysville Md DATE SIGNED March 24

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify): — DATE THEREOF 3/25/54 — NAME OF ~~CEMETERY~~ OR CREMATORY Green Mount — LOCATION (City, town, or county) Baltimore (State) Md
DATE REC'D BY LOCAL REG. 3/22/54 — REGISTRAR'S SIGNATURE Laura M. Schroeder
24. FUNERAL DIRECTOR Wm. Cook — ADDRESS St. Paul & Preston St.

RECEIVED
MAR 26 1954
BUREAU V. S.

M

2419

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. is especially important.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02403

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6001 Hazelwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 6001 Hazelwood Ave.

3. NAME OF DECEASED (Type or Print) (First) ADAM (Middle) WEILBRENNER (Last)

4. DATE OF DEATH (Month) March (Day) 5th, (Year) 19 54

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Oct. 14, 1888

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) engineer

10b. KIND OF BUSINESS OR INDUSTRY Pa. R.R.

11. BIRTHPLACE (State or foreign country) Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Weilbrenner

14. MOTHER'S MAIDEN NAME Margaret Kueiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 716-03-1097

17. INFORMANT AND ADDRESS Mr. L. L. Weilbrenner, 6001 Hazelwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 400.1 Coronary Occlusion — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 2yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 54, to Mar. 5, 54, that I last saw the deceased alive on Mar. 5, 54, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE Mitchell Rosenfeld (Degree or title) ADDRESS 5401 Belair Rd. Balto 6 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF Mar. 8, 1954 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. Mar 8-1954 — REGISTRAR'S SIGNATURE Mrs M. K. Reisnider

24. FUNERAL DIRECTOR Lasahn Funeral Home — ADDRESS 7401 Belair Rd.

RECEIVED
MAR 10 1954
BUREAU V. S.

2420

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02404

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 311 Stillwater Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 311 Stillwater Avenue

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) ROSALIND (Last) WEINHOLD

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 28, 1885

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Rupp

14. MOTHER'S MAIDEN NAME: Margaret Goldbeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Frances Kispert, dght, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) 443X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive Cardio-Vascular disease — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1948, to Mar 12, 1954, that I last saw the deceased alive on Mar. 12, 1954, and that death occurred at 4.45P m., from the causes and on the date stated above.

SIGNATURE: Joseph Mech — (DEGREE OR TITLE) MD — ADDRESS: 423 Fontaine Ave Balto. 21 md — DATE SIGNED: 3/15/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Mar. 16, 1954

NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem.

LOCATION (City, town, or county) (State): German Hill Rd. Balto. Md.

DATE REC'D BY LOCAL REG.: 3/15/54

REGISTRAR'S SIGNATURE: Dan Hedrick

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

Duke

2421

MARYLAND STATE DEPARTMENT OF HEALTH

02405

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City
STREET ADDRESS (If rural, give location) 621 W. Fremont Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Wheeler

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1954

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH 10-21-91

9. AGE last birthday 62 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Enoch Wheeler

14. MOTHER'S MAIDEN NAME Rachel ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Anna B. Bennett - 1520 D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Heart Disease, Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert E. Judson (Degree or Title) M.D. ADDRESS Towson Md. DATE SIGNED 3/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-24-54 — NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. —

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Samuel K. Sullivan and Son - ADDRESS Balto.

2422

02406

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT | LENGTH OF STAY (in this place) 48 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 428 E. STREET

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT (19)
STREET ADDRESS (If rural, give location) 428 E. STREET

3. NAME OF DECEASED (Type or Print): (First) RUDOLF (Middle) — (Last) WILD

4. DATE OF DEATH: (Month) (Day) (Year) 3-7-54 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 28 JUNE 1874

9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: KARL WILD

14. MOTHER'S MAIDEN NAME: CAROLINE (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 213-07-0689

17. INFORMANT AND ADDRESS: ETTA A. M. WILD — SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
260X Immediate cause	(a) Coronary Thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & H.N.	5 yrs.
	(c) Diabetes Mellitus	6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to Mar 7, 1954, that I last saw the deceased alive on Mar 7, 1954 and that death occurred at 12:15 P. m., from the causes and on the date stated above.

SIGNATURE: James T. Mearns | (Degree or title) MD | ADDRESS 500 D St & P to 14 | DATE SIGNED 3-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE 3-10-54 | NAME OF CEMETERY OR CREMATORY: OAK LAWN. | LOCATION (City, town, or county) (State): BALTO. Co., Md.

DATE REC'D BY LOCAL REG.: Mar. 10-54 | REGISTRAR'S SIGNATURE: Dawson L. Harbor

24. FUNERAL DIRECTOR: Walter Burke Bradley | ADDRESS: Dundalk, Md.

RECEIVED
MAR
BUREAU V. S.

Item # film G 162 3/30/54

2423

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 012417

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clings Mills P.C.
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINKLE LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clings Mills P.C.
STREET ADDRESS (If rural give location) SPRINKLE LANE

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) (Last) Williams

4. DATE OF DEATH: (Month) March (Day) 14, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 24-1887	66 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Balto Co. Roads Dept.	Parkton, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
— Unknown —	— Unknown —

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Minnie L. Williams, Clings Mills P.O

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) Chronic Myocarditis	2-3 mos
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Art. Sclerosis	2-3 yrs.
	(c) DUE TO	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchiectasis	10 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19 ..., 1954, to 3/14 ..., 1954, that I last saw the deceased alive on 3/14 ..., 1954, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Miller Jr. M.D. ADDRESS Pikesville, Md. DATE SIGNED 3/15/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/17/54	Carroll Chapel	Greenspring Ave Balto. Co.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/15/54	Mrs. G. Nichols	Emmett H. Myers	Pikesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1954
BUREAU V. S.

22875

(6)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02408

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1004 BEECHFIELD AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
STREET ADDRESS (If rural give location): 1004 BEECHFIELD AVE.

3. NAME OF DECEASED: (Type or Print) (First) CARL (Middle) E. (Last) WOLFF

4. DATE OF DEATH: (Month) MAR. (Day) 27 (Year) 19 54

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 30, 1887

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): BAKER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FREDERICK WOLFF

14. MOTHER'S MAIDEN NAME: FRANCIS RAAKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS EDITH F. WOLFF, 1004 BEECHFIELD, AVE.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Occlusion — ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Cardio-Vascular disease — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1948, to March 27, 19 54, that I last saw the deceased alive on Jan., 19 54, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Earl Cass, MD — ADDRESS: 400 Wilkens Ave — DATE SIGNED: 3-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: MAR. 30/54 — NAME OF CEMETERY OR CREMATORY: LORRAINE PARK. — LOCATION (City, town, or county) (State): WOODLAWN, MD.

DATE REC'D BY LOCAL REGISTRAR: 3-29-54 — REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: [illegible] Mitzke — ADDRESS: 4101 EDMONDSON AVE.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Item 3 Film G 162 3/18/54 cm

02409

2424

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard,
LENGTH OF STAY (In this place): 90 Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1733 Gough Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) V. (Last) WIEPRECHT

4. DATE OF DEATH: (Month) March (Day) 13, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/22/94

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Repairing

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mill

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Ludwig Wiesprecht

14. MOTHER'S MAIDEN NAME: Victoria Pruchnieski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212-12-1554

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a).... LEFT CEREBRAL HEMORRHAGE ... — INTERVAL BETWEEN ONSET AND DEATH: 12 Hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b).... (c)....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4:45 PM Mar. 13 ..., 1954, to 6:15 PM Mar. 13, 1954, [redacted] and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE: William B. VandeGrift — (Degree or title): M.D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 3/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 17/54 — NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS: John M. Weber Funeral Home, 401 S. Chester St.,Balto.,Maryland

2425

02410

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 72 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parsonsburg
STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E. (Last) YOUNG

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1-16-27

9. AGE Last birthday: 27 yrs. If under 1 year Months. If under 24 hrs. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Parksley, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Ardella Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.: 214-28-1258

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm. Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) TOXIC HEPATITIS, ETIOLOGY UNDETERMINED — Interval between onset and death: 12 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) EXFOLIATIVE DERMATITIS, ETIOLOGY UNDETERMINED — 1 month

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TUBERCULOSIS — 4 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 7, 1954, to Mar. 20, 1954, and that death occurred at 6:55 A. m., from the causes and on the date stated above.

SIGNATURE David C. Bennighof M.D. (Degree or title)

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 3-20-54

DAVID C. BENNIGHOF, M. D.

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE: 3/22/1954

NAME OF CEMETERY OR CREMATORY: Motompkin Cemetery

LOCATION (City, town, or county) (State): Parksley, Virginia

DATE REC'D BY LOCAL REG.: 3-22-54

REGISTRAR'S SIGNATURE: A W Hudson

24. FUNERAL DIRECTOR: Arlington S. Phillips Funeral Home

ADDRESS: 1808 N. Monroe Street, Baltimore 17, Md.

SHIPPED TO: Wharton & Savage Funeral Home, Parksley, Virginia

2426

04403

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

02411
Reg. Dist. No.

PLEASE WRITE PLAIN UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print) JAMES C. ZEALOR

2. DATE OF DEATH 3/27/54

3. PLACE OF DEATH: A. Baltimore ~~City~~, Maryland Balto Co. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) AT HOME - Fullerton

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD
B. COUNTY BALTO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FULLERTON MD
D. STREET ADDRESS (If rural, give location) CROSSROADS

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 2/21/1898
9. AGE (In years last birthday) 56
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLORIST
10B. KIND OF BUSINESS OR INDUSTRY Foreman Florist
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Quirolu Zealor
14. MOTHER'S MAIDEN NAME Pearl Swift

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 220-09-5285
17. INFORMANT Son
ADDRESS 9608 Belair Rd Balto 6 Md

MEDICAL CERTIFICATION

18. 177X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinomatosis
DUE TO
(B) Ca of Prostate
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 1951
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Ca of Prostate.
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES ☑ NO ☐

22. I hereby certify that I attended the deceased from ____, 1951, to 3/27, 1951, that I last saw the deceased alive on 3/4, 19 51 and that death occurred at 4:26 P.m., from the causes and on the date stated above.

23A. SIGNATURE AND DEGREE OR TITLE Dr. Albert Goldstein M.D.
23B. ADDRESS Sinai Hospital
23C. DATE SIGNED 3/27/54

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3/30/54
24C. NAME OF CEMETERY OR CREMATORY Wayah Chapel Meth
24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR 3-29-54
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR AND ADDRESS Lassahn Funeral Home 7401

Item 12 film G 162 3/29/54 cm

2427

02412

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 1715 GOUGH St.

3. NAME OF DECEASED (Type or Print): (First) PAULINE (Middle) ZIMNOCH (Last)

4. DATE OF DEATH (Month) (Day) (Year): 3-20-54 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12-23-95

9. AGE last birthday: 58 yrs.

If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): POLAND

12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: JOHN BOROWSKI

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: FRANCES KASPER 1715 Gough St. BALTO MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Cardiac failure due to cardiac

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertrophy and degeneration

(c) arteriosclerotic cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 1-2-, 1954, to 3-20-, 1954, that I last saw the deceased alive on 3-20-, 1954, and that death occurred at 4:30 A m., from the causes and on the date stated above. 3-20-54

SIGNATURE: Raoul Edwards (Degree or title) MD ADDRESS: Spring Grove State Hospital DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 3/24/54

NAME OF CEMETERY OR ~~CREMATORY~~: HOLY ROSARY

LOCATION (City, town, or county) (State): GERMAN HILL Rd.

DATE REC'D BY LOCAL REG.: 3-22-54

REGISTRAR'S SIGNATURE: A W Hoffman

24. FUNERAL DIRECTOR: George A Weber ADDRESS: 705 S. Ann

Film#G165 Item# 13,14 4/27/54 emf

2428

02413
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 40. opposite Campbells Port

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 2573 Frederick ave

3. NAME OF DECEASED: (Type or Print) (First) Steve (Middle) (Last) Zmetrochanok
4. DATE OF DEATH (Month) (Day) (Year) Mar 18 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-6-1917
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Truck Driver
11. BIRTHPLACE (State or foreign country): Elizabeth NJ
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Steve Zmetrochanob
14. MOTHER'S MAIDEN NAME: Estella unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 143-108-103
17. INFORMANT & ADDRESS: Arabella Zmetrochanok 2573 Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Crushed chest — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fractured Jaw Bones — DUE TO

(c) Fractured Neck.

INTERVAL BETWEEN ONSET AND DEATH: Instants.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street
21c. (City or town) Essex (County) Balto. (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Mar 18 54 3:30 P.M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Auto truck turned over on him.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. M. Gilmore M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED 3/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/20/54
NAME OF CEMETERY OR CREMATORY Meadowridge Mem
LOCATION (City, town, or county) (State) Dundalk Md

DATE REC'D BY LOCAL REG. 3-19-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Edward Fowlson Balto 30 Md

VS. A15A - 5 - 53